

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Insurance Company/Employer's Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally address my workers' compensation claim associated with my injury sustained on [date of injury]. My policy number is [policy number], and I wish to discuss the current status of my claim and the compensation amount I believe is fair and justified.

On [date], while performing my work duties as a [your job title], I experienced [briefly describe the injury]. This injury has resulted in [explain the impact on your life, e.g., medical treatment needed, lost wages, emotional distress]. I have followed all necessary protocols, including submitting medical documentation, physician's reports, and follow-up treatments to support my claim.

Unfortunately, the compensation that I have received to date does not adequately cover my medical expenses and lost income. According to my calculations, based on [insert relevant regulations, past cases, or statistics that support your demand], I am entitled to receive [specific amount or range] to cover all incurred costs and future projections related to this injury.

I urge you to reconsider my claim based on the evidence provided. I am open to discussing this matter further and reaching a resolution that is satisfactory for both parties. I believe it is in our mutual interest to resolve this matter amicably and avoid unnecessary delays or disputes. Thank you for your attention to this important issue. Please feel free to contact me at [your phone number] or [your email address]. I look forward to your prompt response.

Sincerely,
[Your Name]
[Your Job Title]