

[Date]

[Insurance Carrier Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Request for Continuity of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Claim Number: [Claim #]

Date of Injury: [DOI]

To Whom It May Concern,

I am writing to formally request Continuity of Care for the above-referenced patient regarding their workers' compensation claim. The patient is currently undergoing an active course of treatment for injuries sustained on [Date of Injury].

The patient has a long-standing provider-patient relationship with [Physician/Facility Name]. Transitioning to a different provider at this stage would disrupt the clinical progress and delay the patient's return to work. We are requesting that [Physician Name] be permitted to continue as the treating provider for the following reasons:

- The patient is in the middle of an acute phase of treatment.
- The provider has specialized knowledge of the patient's complex medical history.
- To ensure consistency in reporting and rehabilitation protocols.

Please provide written authorization for continued treatment or notify us of the specific steps required to formalize this arrangement within your provider network.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]

[Phone Number]