**[Date]**

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

**RE: Status Update**

**Claimant Name:** [Employee Name]
**Claim Number:** [Claim Number]
**Date of Injury:** [Date of Injury]

Dear [Adjuster Name],

I am writing to provide an update regarding the workers' compensation claim referenced above. This letter serves to inform you of the following changes or progress in the case:

**[Select/Insert Applicable Update]:**

- **Medical Status:** [Describe current treatment plan or recovery progress].
- **Work Status:** [Note if the employee has returned to full duty, light duty, or remains off work].
- **Next Appointment:** [Provide date and time of the next scheduled medical exam].
- **Other:** [Insert any additional information].

Enclosed, please find the following documentation to support this update: [List attached documents, such as medical reports or work status slips].

If you require any further information or have questions regarding this update, please contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Company Name]