[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Employee Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Confirmation of Workers' Compensation Claim Receipt

Dear [Employee Name],

This letter is to formally acknowledge that we have received your report regarding the workplace injury/illness that occurred on [Date of Incident].

We have filed the necessary paperwork with our workers' compensation insurance carrier. Please find your claim details below:

- **Claim Number:** [Insert Claim Number]
- **Insurance Carrier:** [Insert Insurance Company Name]
- **Adjuster Name:** [Insert Name, if known]
- **Adjuster Phone:** [Insert Phone Number]

The insurance carrier will review your claim to determine eligibility for benefits. They may contact you directly to request additional information or medical records related to the incident.

Please keep us informed of your medical status and any work restrictions provided by your physician. If you have any questions regarding the internal filing process, please contact [Department Name/Contact Person] at [Phone Number/Email].

Sincerely,

[Signature]
[Name of Sender]
[Title/Position]