

[Date]

[Injured Worker Name]

[Address]

[City, State, Zip Code]

Re: Notice of Claim Assignment

Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

Employer: [Employer Name]

Dear [Injured Worker Name],

My name is [Adjuster Name] and I have been assigned as the Workers' Compensation Claims Adjuster for your recent injury. My role is to manage your claim and ensure that medical treatments and benefits are processed in accordance with state laws.

I am currently in the process of reviewing the details of your case. To help me proceed, please complete and return the enclosed forms at your earliest convenience. These documents allow us to obtain the medical records necessary to evaluate your claim.

If you have any questions regarding your benefits, medical appointments, or the claims process, please contact me directly using the information below:

Phone: [Phone Number]

Email: [Email Address]

Office Hours: [Hours of Operation]

I look forward to working with you toward your recovery and return to work.

Sincerely,

[Adjuster Signature]

[Adjuster Printed Name]

[Insurance Company Name]

Enclosures: [List of forms, e.g., Medical Release, Reimbursement Form]