Date: [Date]

To:
[Insurance Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Workers' Compensation Periodic Claim Update
Claimant Name: [Your Full Name]
Claim Number: [Your Claim Number]
Date of Injury: [Date of Incident]

Dear [Adjuster Name],

I am writing to provide a periodic update regarding my ongoing workers' compensation claim for the injury sustained on the date referenced above.

Medical Status:
Since my last update, I have attended appointments with [Doctor Name] on [Dates of Visits]. The current diagnosis is [Brief Diagnosis]. My next scheduled appointment is on [Next Appointment Date].

Treatment Progress:
I am currently undergoing the following treatments: [List physical therapy, medications, or tests]. Attached to this letter are the most recent medical reports and work status notes provided by my physician.

Work Status:
As of this date, my physician has determined that:
[ ] I remain unable to return to work.
[ ] I am cleared for light duty with the following restrictions: [List restrictions].
[ ] I have returned to full duty as of [Date].

Outstanding Expenses:
Please find the enclosed receipts for out-of-pocket expenses, including [List prescriptions or mileage logs], for reimbursement. Please confirm receipt of these documents and provide an update on the status of my pending benefit payments.

Thank you for your attention to this matter. If you require further information, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached medical notes or receipts]