

[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name/Adjuster Name]
[Insurance Company/Law Firm Name]
[Address]
[City, State, Zip Code]

RE: Notice of Delay in Scheduling Independent Medical Examination (IME)

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

Dear [Recipient Name],

This letter is to formally notify you of a delay in scheduling the Independent Medical Examination (IME) for the above-referenced claim.

The delay is due to the following reason(s):

[Insert Reason: e.g., Physician unavailability, missing medical records, coordination of translation services, etc.]

We are actively working to resolve this issue. At this time, we anticipate that the examination will be scheduled by [Anticipated Date]. Once the appointment is confirmed, a formal notice containing the date, time, and location will be sent to all parties immediately.

We apologize for any inconvenience this delay may cause in the processing of this claim. If you have any questions or require additional information, please contact me at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]