

[Company Name]  
[Claims Department Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: Notice of Workers' Compensation Claim Approval and Payment Issuance**

Claim Number: [Insert Claim Number]  
Date of Injury: [Insert Date of Injury]

Dear [Employee Name],

We are writing to inform you that your workers' compensation claim regarding the injury sustained on [Date of Injury] has been formally approved.

Based on the medical documentation provided, you are entitled to disability benefit payments. This letter serves as notification that your initial payment has been processed.

**Payment Details:**

- **Benefit Period:** [Start Date] to [End Date]
- **Payment Amount:** \$[Amount]
- **Issuance Date:** [Date]
- **Payment Method:** [Check / Direct Deposit]

Future payments will be issued on a [Weekly / Bi-weekly] basis, provided that updated medical documentation continues to support your disability status. Please ensure that all Work Status Reports from your treating physician are submitted to our office immediately following each appointment.

In addition to these indemnity payments, all authorized medical expenses related to this specific injury will be paid directly to the healthcare providers.

If you have any questions regarding your benefits, please contact your Claims Adjuster, [Adjuster Name], at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Name of Claims Representative]

[Title]