

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

[Date]

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

RE: Explanation of Benefits and Payout Notification

Claim Number: [Claim Number]
Date of Injury: [Date of Injury]
Payment Period: [Start Date] to [End Date]

Dear [Employee Name],

This letter serves as a formal explanation of the workers' compensation benefits processed for your recent claim. Based on the medical documentation and wage information provided, we have calculated your disability payment as follows:

Benefit Type	Calculation Basis	Total Amount
Temporary Total Disability (TTD)	[Weekly Wage] x [Percentage]%	[\$Amount]
Medical Expenses Covered	[Provider Name/Service]	[\$Amount]
Other Adjustments	[Description]	[\$Amount]
Total Payout Amount		[\$Total Amount]

Payment Details:

Your payment is being issued via [Check/Direct Deposit] and should be received by [Expected Date].

Important Information:

This payment covers the specific period listed above. Please note that continuing benefits are subject to ongoing medical evaluation and proof of disability. If you return to work in any capacity, you must notify your claims adjuster immediately.

If you have any questions regarding this calculation or the status of your claim, please contact your Claims Adjuster, [Adjuster Name], at [Adjuster Phone Number].

Sincerely,

[Signature]

[Name of Claims Representative]

[Title]