[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Employee Name]
[Address Line 1]
[City, State, Zip Code]

RE: Acknowledgment of Workers' Compensation Appeal
Claim Number: [Insert Claim Number]
Date of Injury: [Insert Date]

Dear [Employee Name],

This letter is to formally acknowledge that we have received your appeal regarding the decision made on your Workers' Compensation claim, dated [Date of original decision].

Your appeal is currently being reviewed by the [Claims Department/Appeals Board]. We will examine the documentation provided and any additional information submitted to support your case. During this period, we may contact you if further clarification or medical documentation is required.

The review process typically takes approximately [Number] business days. Once a determination has been reached, you will be notified in writing regarding the outcome of your appeal.

If you have any questions or wish to submit further evidence while your appeal is pending, please contact [Contact Person/Department Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Sender Name]
[Title/Position]