

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Next Steps Regarding Your Workers' Compensation Claim

Dear [Employee Name],

We have received your report regarding the injury/illness that occurred on [Date of Incident]. This letter outlines the next steps in the Workers' Compensation process to ensure you receive the appropriate care and benefits.

1. Claim Filing

Your claim has been submitted to our insurance carrier, [Insurance Company Name]. Your assigned claim number is [Claim Number]. A claims adjuster may contact you shortly to gather additional details.

2. Medical Treatment

Please continue to follow your physician's recommended treatment plan. Ensure that you provide your medical provider with your claim number so that bills can be sent directly to the insurance carrier. After every appointment, you must provide [HR Contact Name] with a "Work Status" or "Physician's Report" form.

3. Work Status and Restrictions

If your doctor releases you to work with restrictions (light duty), please notify us immediately. We will review the restrictions to determine if we can provide a temporary modified assignment that fits your physical limitations.

4. Communication

It is important that you keep us updated on your recovery progress. If your contact information changes or if there is a change in your medical status, please inform [HR Contact Name] at [Phone Number/Email].

5. Benefit Information

Attached to this letter is a brochure from the [State Name] Workers' Compensation Board which explains your rights and the benefits available to you, including medical coverage and potential wage replacement.

We wish you a safe and speedy recovery.

Sincerely,

[Your Name]
[Your Title]
[Company Name]