[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Engagement for Legal Services - Workers' Compensation Medical Benefits Dispute

Dear [Client Name],

This letter confirms that [Law Firm Name] will represent you in your workers' compensation claim specifically regarding the dispute of medical benefits for your injury occurring on [Date of Injury].

Scope of Representation:
Our services will include, but are not limited to:

- Challenging the denial of specific medical treatments or medications.
- Representing you in hearings before the Workers' Compensation Board/Commission.
- Negotiating with the insurance carrier regarding unpaid medical bills.
- Coordinating with medical providers for necessary documentation.

Legal Fees:
This matter will be handled on a contingency fee basis. You will not owe any attorney fees unless we are successful in securing benefits or a settlement for you. Our fee is [Percentage]% of the disputed benefits recovered, subject to approval by the Workers' Compensation Judge or Commission. Administrative costs (such as medical record fees or expert testimony) are the responsibility of the client but may be advanced by the firm.

Client Responsibilities:
You agree to provide us with all medical notices, bills, and insurance correspondence immediately. You must also notify us of any changes in your medical status or contact information.

Termination:
Either party may terminate this agreement at any time upon written notice. If you terminate the agreement before resolution, the firm may be entitled to a lien for work performed.

Please sign below to indicate your agreement to these terms.

Sincerely,

[Attorney Name]
[Law Firm Name]

CLIENT ACCEPTANCE

I have read, understand, and agree to the terms set forth in this engagement letter.

Signature: _____ Date: _____