

[Date]

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

RE: Notice of Workers' Compensation Hearing Results

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

Dear [Employee Name],

This letter is to formally notify you of the decision reached following your Workers' Compensation hearing held on [Date of Hearing] regarding the injury mentioned above.

The Decision:

[Insert brief summary of the judge's or board's decision here, e.g., The claim has been approved / The claim has been denied / Specific benefits have been awarded].

Details of Benefits/Changes:

- [Benefit Type 1]: [Amount/Status]
- [Benefit Type 2]: [Amount/Status]
- [Medical Treatment Status]: [Approved/Denied]

Next Steps:

[Outline what the employee needs to do next, such as attending a medical evaluation or submitting additional forms].

Right to Appeal:

If you disagree with this decision, you have the right to file an appeal. Please note that the deadline to file an appeal is [Insert Deadline Date]. You may wish to consult with legal counsel regarding your options.

If you have any questions regarding this outcome, please contact [Adjuster/Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Company/Insurance Carrier Name]