

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name/Adjuster Name]
[Insurance Company/Defense Counsel]
[Address]
[City, State, Zip Code]

RE: Notice of Alternative Treatment for Injury Mitigation

Claim Number: [Claim Number]

Date of Loss: [Date of Incident]

Dear [Recipient Name],

I am writing this letter in good faith regarding my ongoing recovery from the injuries sustained in the aforementioned incident. As part of my duty to mitigate damages and ensure a timely recovery, I am formally notifying you of a proposed alternative treatment plan.

Currently, the standard treatment of [Current Treatment Name] has resulted in [Briefly describe limited progress]. My healthcare provider, [Doctor's Name], has suggested that [Alternative Treatment Name, e.g., Physical Therapy, Chiropractic Care, Acupuncture] may be more effective in accelerating my recovery and reducing long-term disability.

This decision is based on the following factors:

- Recommendation from a licensed medical professional.
- Potential for a faster return to normal daily activities.
- Potential to avoid more invasive or costly procedures in the future.

I intend to begin this alternative treatment on [Date] unless there are documented medical or legal objections. I remain committed to cooperating throughout this process and will continue to provide updated medical records and billing statements as they become available.

Please acknowledge receipt of this letter and contact me if you require additional documentation regarding this medical recommendation.

Sincerely,

[Your Signature]

[Your Printed Name]