

Subrogation Recovery Demand Letter

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

[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Company]
[Recipient's Address]
[City, State, Zip Code]

Re: Subrogation Recovery Demand - Worker's Compensation Claim

Dear [Recipient's Name],

We are writing to formally request recovery for the expenses incurred as a result of the above-referenced worker's compensation claim involving our employee, [Employee's Name], who was injured on [Date of Injury]. Our investigation has determined that [Third Party's Name] is liable for the injuries sustained.

Under the principles of subrogation, we are entitled to seek reimbursement for the amount paid in benefits to [Employee's Name]. The total workers' compensation benefits paid to date amount to [Total Amount].

Please find attached all relevant documentation, including:

- Copy of the worker's compensation claim
- Medical expenses incurred
- Any additional documentation supporting our claim

We kindly request that you remit payment of [Total Amount] within [Specify Time Frame, e.g., 30 days] to avoid further action.

Thank you for your prompt attention to this matter. We look forward to your response.

Sincerely,

[Your Signature If Sending Hard Copy]

[Your Printed Name]

[Your Position]

[Your Company]