

Occupational Accident Insurance Claim for Rehabilitation Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Rehabilitation Services

Dear [Claims Adjuster's Name/Insurance Company],

I am writing to formally submit a claim for rehabilitation services following an occupational accident that occurred on [Date of Accident]. My policy number is [Policy Number], and I have attached the necessary documents to support my claim.

As a result of the accident, I sustained [brief description of injuries], which has necessitated a comprehensive rehabilitation program. The rehabilitation services I am seeking include [list specific services, e.g., physical therapy, occupational therapy, etc.], and I believe these are essential for my recovery and return to work.

Attached are the following documents to support my claim:

- Accident report
- Medical reports from my treating physician
- Invoices for rehabilitation services
- Any additional relevant documents

I kindly request prompt processing of this claim to facilitate my rehabilitation. Please do not hesitate to contact me via telephone or email if you require any further information or clarification.

Thank you for your attention to this matter. I look forward to your swift response.

Sincerely,

[Your Name]

[Your Position, if applicable]