

# Workers' Compensation Claim for Carpal Tunnel Syndrome

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Claims Adjuster's Name],

I am writing to formally submit my claim for workers' compensation due to a diagnosis of carpal tunnel syndrome that I believe is work-related. My name is [Your Full Name], and I have been employed at [Company Name] since [Start Date]. My employee ID is [Employee ID].

Details of my claim are as follows:

- **Date of Injury:** [Insert Date of Injury]
- **Description of Injury:** Diagnosed with carpal tunnel syndrome affecting my right/left hand.
- **Job Title:** [Your Job Title]
- **Factors Contributing to Injury:** [Briefly describe work activities that may have led to the condition]

I have been receiving medical treatment from [Doctor's Name] at [Clinic or Hospital Name], and I have attached medical documentation that supports my diagnosis and the nature of my condition. This includes:

- Medical Report
- Treatment Records
- Doctor's Recommendation for Work Modifications

I would appreciate your prompt attention to this matter and look forward to receiving confirmation of my claim. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to my claim.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]