

Workers' Compensation Claim for Medical Expense Reimbursement

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Workers' Compensation Claim for Medical Expense Reimbursement

Dear [Claims Adjuster's Name or Title],

I am writing to formally submit a claim for reimbursement of medical expenses incurred as a result of a work-related injury that occurred on [Insert Date of Injury]. My claim number is [Insert Claim Number].

Details of the Injury:

- Injury Description: [Describe the injury]
- Date of Injury: [Insert Date]
- Employer: [Insert Employer's Name]
- Worker's Comp Claim Number: [Insert Claim Number]

The total amount of medical expenses incurred is [Insert Total Amount]. Please find attached copies of all relevant medical bills and documentation for your review.

I kindly request that these expenses be reimbursed as per the terms of my workers' compensation coverage. If you need any further information or additional documentation to process this claim, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP]

[Your Phone Number]

[Your Email Address]