

Extended Medical Absence Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally inform you about my extended medical absence from work due to [specific medical condition]. My physician, Dr. [Physician's Name], has recommended that I take a leave of absence from [start date] to [end date] in order to ensure a full recovery.

Attached to this letter, you will find my medical documentation that outlines my condition and the recommendations from my healthcare provider. I expect to return to work on [return date], and I will keep you updated should my situation change.

Thank you for your understanding and support during this time. Please let me know if any further information is required for my insurance claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]