Initial Contact Informational Letter

Introductory paragraph

Identify yourself
Why you are writing to them
What is the adjuster’s roll in handling the claim
What are the claimant’s responsibilities in the claim process

Explanation of benefits under the Workers’ Compensation law

Medical benefits
Indemnity benefits
Vocational Rehabilitation benefits
Permanent Partial Disability benefits
Mileage reimbursement
Prescription reimbursement.

Explanation and instructions on how to complete the forms required to investigate the claim.

Medical Authorization (Form 7)
Notice of Intent to Change Health Care Provider (Form 8)
Certificate of Dependency and Concurrent Employment (Form 10)
Mileage Reimbursement Request

Enclose with your contact letter, all the above forms and a self addressed stamped envelope

Closing paragraph

Explanation of the next step in the investigation process
Phone number and extension
Insurance claim number
Mailing address

Last revised 4/17/12