

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