

Workers' Compensation Claim Demand

Subject: Workers' Compensation Benefits Claim - Employee #[Number]

Dear Workers' Compensation Administrator,

I am formally requesting immediate processing of my workers' compensation claim for the workplace injury I sustained on [Date] while performing my duties as [job title] at [company name].

The injury occurred when [description of accident]. I immediately reported the incident to my supervisor [Name] and sought medical attention at [medical facility]. The attending physician diagnosed [injury/condition] and recommended [treatment].

Under state workers' compensation law, I am entitled to medical benefits, temporary disability payments, and vocational rehabilitation if necessary. Despite filing my claim on [Date], I have not received proper benefits.

I demand immediate authorization for all necessary medical treatment and commencement of temporary disability payments calculated at [percentage] of my average weekly wage of \$[amount].

Please provide written confirmation of benefit approval within 14 days. Delays in processing legitimate claims violate state regulations and may result in penalties against the carrier.

Respectfully,

[Your Name]

Employee ID: [Number]

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