

SAMPLE LETTER TO MEDICAL PROVIDER

Date

Doctor X Clinic
Suite 2000
My Town, OK 12345

Dear Doctor X or Clinic Administrator,

We recently changed our workers' compensation insurance carrier. We feel this is an opportune time to inform you of our expectations regarding treatment of our employees for work-related injuries. Please keep this information on file for future reference.

We recognize the value of transitional duty work in helping our injured workers improve their performance, regain functionality, and maintain their quality of life. Improved outcomes are dependent on effective communication between the employee, treating physician, and employer.

If one of our employees is treated at your facility for a work injury or illness, please contact me about the availability of work that meets any restrictions and/or functional requirements appropriate for the recovering worker. We will make every effort to accommodate restrictions where possible. I also will provide functional job information that will help you form an objective decision about the worker's recovery and his or her ability to resume work duties.

You may direct all bills for service and accompanying medical records to [insurance company name and contact].

Thank you,

Your Name
Title
Company Name
Phone
Email