

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Date

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Name
Secretary
{ State } Workers Compensation Commission
Address Line
City, State Zip Code

RE: _____, **MWCC No.** _____

Dear _____ :

Attached please find the medical reports of Dr. _____, Dr. _____, and Dr. _____. I would appreciate your filing these in the above-referenced claim. By copy of this letter, a copy of same is being forwarded to the attorney for the employer/carrier.

Thank you for your assistance in this matter.

Sincerely,

**

Attorney at Law

Enclosures (3)

cc: