**Notification - Medical Only Claim**

This letter is sent to employees who report **medical only**claims and miss no time from work. Along with this letter, enclose the *Notice to Employees Work-Related Injury Information*, *Rights and Duties* form, and a list of *Designated Health Care Providers*, if mandated to use panels for the treatment of work-related injuries.

Dear [EMPLOYEE]:

We have reviewed the workers’ compensation claim report for your injury of [DATE]. Your claim was reported to our workers’ compensation claims administrator, Inservco Insurance Services, Inc. Inservco determines whether the injury is covered by the *Workers’ Compensation Act*.

Should you be absent from work due to the injury, please notify your supervisor **immediately**. It is important that your supervisor immediately inform this office so that we can notify Inservco. Failure to advise your supervisor may delay the processing of your claim. The enclosed *Notice to Employees Work-Related Injury Information* explains the workers’ compensation benefits in detail.

In accordance with *Act 1996-57* an employee injured at work must treat with one of the designated health care providers for 90 days. You should obtain medical care from a provider on the enclosed list of *Designated Health Care Providers*. Please read and sign the attached *Rights and Duties* form and return it to: [AGENCY INSTRUCTIONS FOR RETURNING FORM].

Should you have any questions concerning this claim, please contact me at [ADDRESS AND TELEPHONE NUMBER].

Sincerely,

WC Coordinator

Enclosures:

Notice to Employees Work-Related Injury Information

Rights and Duties Form

Designated Health Care Providers List

cc: Supervisor

Note: This work-related injury does not indicate and should not be interpreted to indicate that you are regarded by the commonwealth as having a disability as defined by the ADA.