**SAMPLE:** Tailor to you – copy this letter onto your company letterhead and insert your specific information

Dear Treating Health Care Provider of Our Valued Employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(company name) values and is concerned for the individual welfare of all our employees. In the event of a workplace injury, we want to put injured employees back to work in a safe, productive capacity as soon as possible during their recovery. We seek to contribute to the medical recovery of injured workers through meaningful work activities approved by you, their treating health care provider.

We have a return-to-work program, and if one of our employees is unable to return to his/her original job, we will make every attempt to return this employee to modified or light duties. We will also ensure that these duties meet with ALL medical restrictions that you prescribe, and will monitor/support our employee during this process. If necessary, we are willing to rearrange work schedules around diagnostic and/or treatment appointments.

To assist in this process, we have enclosed for your review:

* The Notice of Accident form describing the workplace incident
* A job description of our employee’s regular duties at the job-of-injury position

We have also enclosed the “Provider’s Report of Physical Ability” form that we ask you to fill out after each appointment. **Please give the completed “Provider’s Report of Physical Ability” back to our worker so they may inform us of any work restrictions that we can accommodate**.

Thank you in advance for your assistance in our early return-to-work efforts.

If you have any questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(company workers’ comp designee) at phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Please route bills to our workers’ comp insurance company:**

Insurer Name:

Address:

Phone:

Fax:

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)

Company workers’ comp designee

cc: Claims Adjuster

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