

(Date)

(First Name Last Name)

(Address)

(City, State Zip)

Dear (First Name),

The Montana Dept. of Labor and Industry has received notice of your injury or occupational disease. The claim number (CLAIM NUMBER) has been assigned to your injury occurring on (insert date of injury). The workers compensation insurer for this injury is (TPA/insurer's name).

You may contact (TPA/insurer's name) at this phone number (XXX-XXX-XXXX) to discuss your claim and the steps involved in returning to work after being away from work because of the workplace injury or disease. The enclosed workers' compensation benefits summary may also be helpful in answering questions you have about your claim.

Being away from work because of a workplace injury can have negative effects for a worker. It is important to minimize the negative or financial burden created by work place injury and occupational disease. The best way to protect your financial health is to return to work as quickly as it is medically safe to do so.

Knowing what steps to take is not always easy.

First, know your work status; released full duty, modified, limited, part time or not released to work. The Medical Status Form your doctor gave you will help you know your work status. If you did not receive the Medical Status Form call the doctor or your workers' compensation insurer.

Second, if your doctor has released you to work call your workers' compensation insurer. Your workers' compensation insurers can work with you and your employer to assist your return to work. This assistance can make a big difference.

The Montana Dept. of Labor and Industry can also help you access return to work assistance. You can contact the Montana Dept. of Labor and Industry to request assistance to help you return to work by calling 406-444-1752 or by email at sawrtwrquest@mt.gov

Working together to take the best care of Montana's workers,

(Signature)