

(Place on Agency Letterhead)

RE: Claim xx xxx xxxx

Dear Claims Examiner:

I am writing to you concerning the above claim. The claimant is (claimant's name). The Date of Injury was xx xx xxxx and there has been no medical payment since xx xx xxxx and no compensation payment since xx xx xxxx. However the claim is still in (status, such as DR or PR). Please close this claim as soon as possible.

Thank you for your assistance.

(your signature)

(Your name typed)

Compensation Specialist

Telephone (xxx) xxx-xxxx