

Sample Informational Letter (Open Award)

Date

Virginia Workers' Compensation Commission
333 E. Franklin Street
Richmond, VA 23219

Re:

Dear Commission:

This case is before the Commission for approval of a compromise settlement. The claimant is a 54 year old female who injured her right knee in a motor vehicle accident on _____, who is unemployed and currently under an open award for temporary total disability benefit. The claimant was released to light duty work on _____ and has been participating in vocational rehabilitation.

The claimant has health insurance through her husband's employment.

Medical records have been filed with the Commission regarding the claimant's medical condition. The claimant came under the case of Dr. _____ who has approved an FCE report and released the claimant to return to modified work. He also approved a ___ percent permanent partial impairment rating to the claimant's _____.

The claimant's decision to settle her claim is based upon the following considerations.

[Examples of helpful information:

The claimant's treating physician has reviewed surveillance and states that the claimant's pain complaints are inconsistent with the demonstrated ability/the claimant has found new employment starting next week/the claimant will receive more compensation through the settlement that she otherwise would likely receive/the claimant's marketing evidence may be insufficient to satisfy her burden of proof/ the claimant's treating physician has advised her that she intends to release her to full duty in the near future/The claimant was referred to pain management but her treating physician has advised me that he does not believe her symptoms are related to the accident.]

With regard to the settlement amount, this represents PPD benefits based on ____ percent impairment rating, ___ years of TTD and _____ for medical expenses.

The claimant is literate in the English language. The claimant is competent to understand the settlement and to manage the settlement proceeds. The claimant has not applied for, and is not currently receiving, Social Security disability or Medicare benefits.

In light of these circumstances, we believe this settlement is in the claimant's best interest and therefore request approval of this settlement.

Thank you for your consideration.

Sincerely,

Signature
Claimant's Counsel