



Claim #:
Employee:
SSN:
Employer:
Date of injury:

Dear

SFM has received a First Report of Injury or Disease from your employer. If the claim is compensable, you will receive worker's compensation benefits provided under Wisconsin law. These benefits may include reasonable and necessary medical care, partial replacement of wages, mileage reimbursement related to treatment and other applicable benefits.

Open communication between your employer, your treating physician, and us is vital to make benefit determinations in a timely manner. Incorrect information may lead to delayed or improper delivery of benefits.

Please notify me when:

- You cannot work because of your injury, if at any time.
- You return to work after a disability period.

SFM is obligated, by law, to tell you that intentional misrepresentation of information by any party involved in the claim, for the purpose of receiving benefits to which they are not entitled, is fraud and may subject that party to civil or criminal penalties.

The following are enclosed:

- *You were injured on the job...Now what?* Brochure.
- *A Prescription services identification card* for getting work-injury prescriptions filled.
- *Mileage and travel reimbursement.* Please return the form as complete and accurate as possible. SFM reserves the right to verify all mileage submitted.

Please call me if you have any questions.

Sincerely,