som\_currentexporteddate

som\_contactname

address1\_line1

address1\_city, address1\_stateorprovince , address1\_postalcode

|  |  |  |  |
| --- | --- | --- | --- |
| Re: Employee ID#: som\_eid | Leave type: | | **Worker’s Compensation**  **Restriction denied** |
|  | |  |  |

Dear fullname :

Your request for the following restrictions cannot be accommodated: som\_claimtype

Per the medical documentation, your follow up appointment is: som\_nextmedicalappointmentdate

You must instruct your health care provider to fax your updated status report directly to the DMO at 517-241-9926 after this follow up appointment.

The DMO has notified Sedgwick that we are unable to accommodate your restrictions and they will review your claim for compensability. If you have questions regarding your wage loss benefits please contact Sedgwick directly at 800-324-9901.

If you have any questions regarding this determination, please contact the DMO at  
877-443-6362, Option 2.

Sincerely,

owneridname

Disability Management Office

cc: som\_supervisorname, Supervisor