

Template for WC DEPO REQUEST to the WC Carrier

DOCTOR'S LETTERHEAD

Date

Carrier Name  
Street  
City, State, Zip Code

Re: Claimant's Name  
WC Case Number:  
Date of Injury:  
Amount Due:

Dear Sir/Madam:

For the above referenced case, I was deposed on (*DATE*). According to WC regulations, I was supposed to be paid within 10 days of being deposed.

I have not received payment. Therefore, I am requesting that payment for my deposition be made to me 10 days from the date of this letter. If I do not receive my fee by (*insert the date which in 10 days from the date of this letter*), I will notify the WCB of your organization's non-compliance with WC regulations.

Thank for your prompt attention to this vital matter.

Sincerely,

*Signature*

Dr. \_\_\_\_ (*NAME*) \_\_\_\_\_