



PO Box 945927
Maitland, FL 32794-5927
321-214-5350 • Fax 321-214-0235
800-226-0666 • ffvamutual.com

NO TREATMENT REQUESTED

RE: Claimant : _____
 Insured : _____
 D/A : _____
 Claim No. : _____

Dear (Employee Name): _____

We have received a Notice of Injury from the employer regarding your industrial injury that occurred on _____.

It is our understanding that you have not sought nor requested any medical treatment at this time. Please complete the statement below and return it to our office.

I, (print your name) _____ am not requesting any medical treatment regarding my date of accident/injury that occurred on (date) _____ and I have not lost any time from work as a result of this incident.

I will be sure to inform my employer, and refer to the Notice of Designated Physician form, if I should need any medical attention in the future regarding the above injury.

Signature _____

Date _____

Please return the signed statement to FFVA Mutual Insurance Co., PO Box 945927, Maitland, FL 32794-5927. Should you have any questions regarding any of the above, please contact our office at (800) 226-0666, fax number (321) 214-0235.

Sincerely,

Claims Adjuster