**Sample Letter to Health Care Provider**

Note: This is a sample letter only

Dear Health Care Provider,

Thank you for providing treatment to our worker. We recognize the benefits a Return to Work (RTW) program provides for both the worker and our organization.

Our approach is to focus on our employee’s abilities, while recognizing any identified limitations. Where appropriate, we will offer modified or alternative work that assists recovery, and the worker can perform safely and effectively without placing them or other workers at undue risk. This approach helps to protect the employment relationship, improve morale, assist in overall recovery, and can assist in reducing the worker’s income loss.

We commit to ensuring our workers work within their identified abilities and limitations. Recognizing this, kindly provide a copy of the *Functional Abilities* form to our worker for immediate consideration of suitable modified or alternative work.

We thank you for your assistance and cooperation in facilitating the worker’s recovery and return to work. Should you have any questions, please contact at [email address/phone number].

Yours Sincerely,