

**STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION**

_____, WCA No.: _____
Worker,
v. _____, and
_____,
Employer/Insurer.

INFORMAL RESPONSE

Employer, by and through its Attorney/Representative _____,
responds to Worker's complaint as indicated (check all that apply):

- The Worker was not hurt on the job.
- The Worker is not disabled.
- Actual or written notice of the accident was not received within ____ days.
- Employer has provided adequate medical care.
- The Worker has not complied with the law regarding the selection of a health care provider.
- The statute of limitations prohibits the Worker's complaint from weekly compensation benefits.
- A causal link between disability and accident has not been shown to a reasonable medical probability.
- The Worker sustained a scheduled injury.
- (Other):

Signature

Date

Attorney/Representative

Address

City/State/Zip

Telephone

E-mail address