

Denial of Beneficiary Inquiry

Date: [Insert Date]

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

Thank you for your recent inquiry regarding the status of your benefits. We appreciate your patience while we reviewed your request.

After careful consideration, we regret to inform you that your appeal has been denied. The reasons for this decision are as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Please know that this decision is final and has been made in accordance with our policies and procedures.

If you have any further questions or if you would like to discuss this matter, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]