

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Insurance Claim Settlement - [Claim Number]

Dear [Adjuster's Name],

I am writing to formally dispute the settlement offer for my workers' compensation claim, [Claim Number], dated [Date of Settlement Offer]. After carefully reviewing the details of your offer, I believe it does not adequately reflect the severity of my injuries and the impact on my ability to work.

[Explain the basis of your dispute, including details of your injuries, medical treatment received, and how the settlement amount is insufficient. Attach relevant documents such as medical reports, bills, and any supporting evidence.]

I request a prompt reevaluation of my claim and a revised settlement offer that more accurately represents my situation. I appreciate your immediate attention to this matter and look forward to your response.

Thank you for your time.

Sincerely,

[Your Name]