

Workers' Compensation Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Re: Appeal of Workers' Compensation Claim Denial - Claim #[Insert Claim Number]

Dear [Recipient's Name],

I am writing to formally appeal the denial of my workers' compensation claim submitted on [Insert Submission Date]. My claim was denied on [Insert Denial Date] based on [Insert Reason for Denial]. I respectfully request a reconsideration of my case.

On [Insert Date of Injury], I sustained injuries while performing my duties as [Insert Job Title] at [Insert Company Name]. I have attached relevant medical records and supporting documents that demonstrate the nature and extent of my injuries, which I believe warrant compensation.

Please find enclosed:

- Medical Records
- Incident Report
- Witness Statements

I urge you to review the enclosed documents and reconsider your decision regarding my claim. I am willing to provide any additional information needed and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]