

# Denial Notice

Date: [Insert Date]

Claimant Name: [Insert Claimant Name]

Claim Number: [Insert Claim Number]

Dear [Insert Claimant Name],

We regret to inform you that your claim submitted on [Insert Submission Date] has been denied due to findings from our investigation, which indicated potential fraudulent activity.

Our investigation revealed [briefly outline the reasons for the denial, such as discrepancies in documentation or conflicting information]. As a result, we are unable to approve your claim at this time.

You have the right to appeal this decision. If you wish to contest this denial, please provide any additional information or documentation you may have within [insert time frame]. Your appeal will be reviewed comprehensively.

Thank you for your understanding.

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Company Name]

[Insert Company Contact Information]