

# Workers' Compensation Claim Appeal

Date: [Insert Date]

To: [Claims Adjuster's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my workers' compensation claim, reference number [Insert Claim Number], which was denied on [Insert Denial Date]. I believe that this decision was made in error and I am requesting a reevaluation of my claim.

As outlined in my initial claim submission on [Insert Submission Date], I sustained injuries on [Insert Injury Date] while performing my duties as a [Insert Job Title] at [Insert Company Name]. My physician, [Insert Physician's Name], has provided documentation stating the nature and extent of my injuries, which I have enclosed for your review.

In addition, I would like to highlight the following points that support my appeal:

- [Point 1: Brief explanation]
- [Point 2: Brief explanation]
- [Point 3: Brief explanation]

Enclosed are copies of relevant documents including my medical records, incident reports, and any other additional evidence that substantiates my case. I kindly ask that you review all the provided information and reconsider your decision regarding my claim.

Thank you for your attention to this matter. I look forward to your prompt response. If you require any further information, please feel free to contact me at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]