

# Insurance Dispute Resolution Notification

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]

Dear [Insurance Company Representative's Name],

Re: Dispute Resolution Notification - Policy Number [Insert Policy Number]

I am writing to formally notify you of a dispute regarding my insurance claim filed on [Insert Date of Claim] related to [Brief Description of Claim]. Despite multiple communications, I have not yet received a satisfactory resolution.

According to our policy agreement, I am entitled to [Reference relevant policy terms], and I believe my claim falls within these provisions. I would like to request a review of this matter.

Please provide me with the next steps in your dispute resolution process by [Insert Deadline]. I appreciate your immediate attention to this issue and look forward to your prompt response.

Thank you for your cooperation.

Sincerely,

[Your Name]