

Insurance Claim Denial Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, ZIP Code]

Dear [Claim Adjuster's Name],

Subject: Claim Denial for Claim Number [Insert Claim Number]

We are writing to inform you that your recent claim for [Brief Description of Claim] has been reviewed and denied. This decision is based on the following reasons:

- [Reason 1 for Denial]
- [Reason 2 for Denial]
- [Reason 3 for Denial]

If you have any questions regarding this decision or would like further clarification, please do not hesitate to contact us at [Insurance Provider's Phone Number] or [Insurance Provider's Email].

You have the right to appeal this decision. If you would like to initiate an appeal, please send your request to [Appeals Address or Instructions], along with any additional information that supports your case.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title, if applicable]

[Insurance Provider's Name]