

Claims Decision Denial Letter

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Claimant Name: [Claimant's Name]

Address: [Claimant's Address]

Dear [Claimant's Name],

We are writing to inform you of our decision regarding your recent claim submitted on [Insert Claim Submission Date]. After careful consideration and review of your case, we regret to inform you that your claim has been denied.

The reason for this decision is as follows:

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

If you believe there has been an error in our decision, or if you have additional information that you would like for us to review, please do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address]. You may also submit an appeal within [Insert Time Frame] of the date of this letter.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Company Phone Number]