

Claim Denial Notification

Date: [Insert Date]

Claimant Name: [Insert Claimant Name]

Claim Number: [Insert Claim Number]

Dear [Claimant Name],

We are writing to inform you that your recent claim submitted on [Insert Submission Date] has been reviewed and, unfortunately, has been denied. This decision was made in accordance with our policy guidelines and after careful consideration of the information provided.

The reason for the denial is as follows:

- [Insert reason 1]
- [Insert reason 2]

If you believe that this decision is incorrect or if you have further information that may impact the outcome, we encourage you to contact us at [Insert Contact Information] or submit an appeal by [Insert Appeal Deadline].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]