

Denial Notice

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, ZIP Code]

Dear [Claimant's Name],

We regret to inform you that your recent insurance claim #[Insert Claim Number] submitted on [Insert Submission Date] has been denied.

The reason for this denial is as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

According to your policy terms and conditions, we cannot approve this claim because [insert specific policy language or reference].

If you have any questions regarding this decision or believe you have additional information that may change the outcome, please feel free to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]