

Formal Notice of Claim Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Recipient Name: [Recipient's Name]

Company Name: [Company's Name]

Company Address: [Company's Address]

City, State, Zip Code: [City, State, Zip]

Dear [Recipient's Name],

Subject: Notice of Claim Denial - Claim Number: [Claim Number]

We are writing to formally inform you of the denial of your claim submitted on [Date of Claim Submission] regarding [Brief Description of the Claim]. After a thorough review of your submitted materials, we regret to inform you that your claim cannot be approved for the following reasons:

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

Please be advised that you have the right to appeal this decision. If you wish to do so, please submit your appeal within [Time Period] from the date of this notice, including any additional information or documentation you believe may support your position.

Thank you for your understanding. If you have any questions regarding this notice or the claims process, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Job Title]

[Company's Name]

[Company's Contact Information]