

# Insurance Claim Denial Explanation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

## **Re: Claim Number [Insert Claim Number]**

Dear [Claimant's Name],

Thank you for your recent submission of claim number [Claim Number] dated [Claim Submission Date]. After careful review, we regret to inform you that your claim has been denied based on the following reasons:

- Reason 1: [Explain Reason]
- Reason 2: [Explain Reason]
- Reason 3: [Explain Reason]

We understand that this may be disappointing news. Please know that our decision was based on the policy provisions as outlined in your insurance contract. If you have any additional information that may affect this decision or wish to discuss it further, please do not hesitate to contact us.

For your reference, you can also review our claims process outlined on our website or contact our customer service team at [Customer Service Phone Number].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]