

Insurance Claim Denial Notification

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We regret to inform you that your recent insurance claim (Claim Number: [Insert Claim Number]) has been denied. After careful review of the information provided, we have determined that the claim does not meet the criteria for coverage under your policy.

The specific reasons for the denial are as follows:

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

If you wish to discuss this decision or believe there has been an error, please do not hesitate to contact our claims department at [Insert Contact Information]. We appreciate your understanding in this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]