Claim Denial Notification

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 claim for [insert claim details] has been denied. After careful review, we found that your claim does not meet the necessary criteria outlined in your policy.

The specific reason for the denial is as follows:

- [Reason for denial, e.g., "The incident is not covered under your policy."]
- [Additional reason if applicable.]

You have the right to appeal this decision. If you wish to do so, please submit your appeal by [insert deadline]. For further assistance, you may contact our claims department at [insert phone number] or [insert email address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]