Insurance Claim Dispute Resolution

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Dispute of Claim [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my insurance claim (Claim Number: [Claim Number]) filed on [Date of Filing]. I received your notification on [Date of Notification], which stated that my claim was denied due to [Reason for Denial].

After carefully reviewing the circumstances surrounding the claim, I believe that the denial was unwarranted for the following reasons:

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

I have attached relevant documentation to support my case, including [List of Documents Attached]. I kindly request reassessment of my claim based on this information.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]