

Insurance Claim Dispute Notification

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Claims Department

Insurance Company Address

City, State, Zip Code

Subject: Dispute of Insurance Claim No. [Claim Number]

Dear Claims Adjuster,

I am writing to formally dispute the decision made regarding my insurance claim, number [Claim Number], submitted on [Submission Date] for [Description of Claim].

Despite my understanding of the policy terms and the circumstances surrounding my claim, I was notified on [Date of Notification] that my claim was denied due to [Reason for Denial]. I believe this decision is incorrect based on the following points:

1. [Point 1]
2. [Point 2]
3. [Point 3]

I have attached relevant documents that support my position, including [List of Attached Documents].

I kindly request a review of my claim with the provided information and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further discussion.

Thank you for your attention to this matter.

Sincerely,

[Your Name]