

Appeal Letter for Denied Injury Compensation

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Adjuster Name
Insurance Company Name
Insurance Company Address
City, State, Zip Code

Subject: Appeal for Denied Injury Compensation Claim - Claim Number: [Your Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my injury compensation claim, which was submitted on [date of claim submission] and was denied on [date of denial]. The claim number for reference is [Your Claim Number]. I believe this decision warrants reconsideration based on the following reasons:

- Detail the specific reasons you believe the claim was wrongly denied.
- Include any supporting documentation that may support your appeal, such as medical records, bills, or witness statements.
- Reference any policy terms or conditions that support your claim.

I would appreciate it if you could review my case again in light of the information provided. I am available for any further documentation or discussion needed to facilitate this process. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]