

Workers' Compensation Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Claims Adjuster's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my workers' compensation claim [Claim Number], which was submitted on [Date of Claim Submission] regarding my injury sustained on [Date of Injury].

The reasons provided for the denial were [insert reasons for denial]. I believe this decision was made without fully considering the evidence I provided, including [mention any documents, medical records, or witness statements you have].

Therefore, I am requesting a thorough review of my claim and supporting documentation. I believe my case warrants reconsideration due to [explain any additional facts or circumstances].

Please find attached copies of relevant documents including [list any attached documents]. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]