

Contested Insurance Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally contest the decision regarding my insurance claim, [Claim Number], submitted on [Date of Claim Submission]. After reviewing the details, I believe there has been a misunderstanding regarding the circumstances of the claim.

[Provide a detailed explanation of the disagreement, including any evidence or documentation supporting your case.]

I request that you re-evaluate the claim based on the information I have provided. I am happy to discuss this matter further over the phone or provide additional documentation if required.

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

Sincerely,

[Your Name]