

Insurance Claim Disagreement Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Adjuster's Name or "Claims Department"],

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

I am writing to formally notify you of my disagreement with the recent decision regarding my insurance claim filed on [Date of Claim Submission]. After reviewing the documentation and your response dated [Date of Response], I believe that my claim has been unjustly denied or inadequately compensated due to the following reasons:

[Clearly outline the specific reasons for disagreement, referring to relevant documentation or policy provisions]

I kindly request a thorough review of my claim and an acknowledgment of my concerns. I would appreciate any additional information or clarification you can provide concerning the basis for the decision.

Thank you for your attention to this matter. I hope to resolve this issue promptly. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]