

Insurance Claim Denial Explanation

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Policyholder Name: [Insert Name]

Address: [Insert Address]

Dear [Policyholder Name],

We regret to inform you that your claim numbered [Insert Claim Number] received on [Insert Claim Date] has been denied. After careful review, the reasons for this decision are as follows:

1. [Reason for Denial 1]
2. [Reason for Denial 2]
3. [Reason for Denial 3]

If you have any additional information that you believe may affect this decision, we encourage you to provide this information to us within [Insert Timeframe].

Should you have further questions or wish to discuss this matter directly, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]