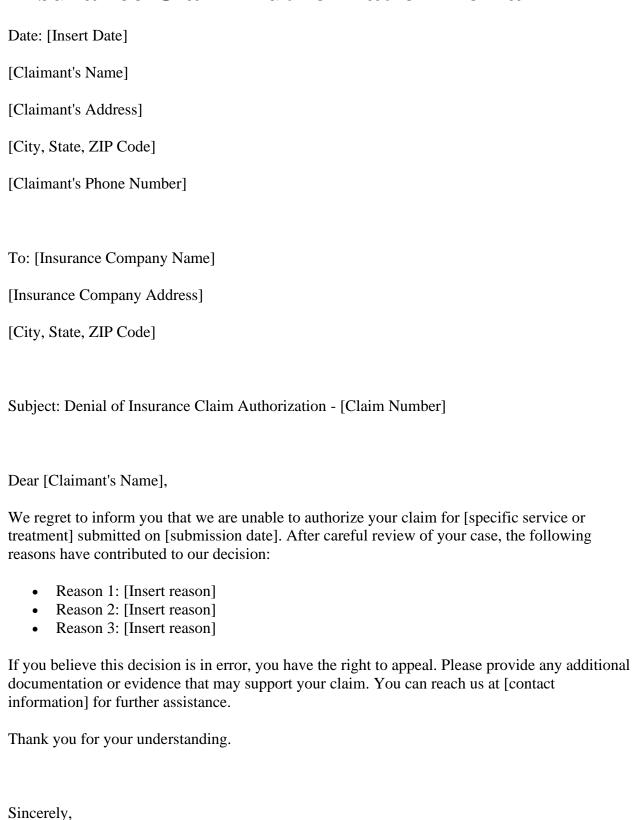
## **Insurance Claim Authorization Denial**



[Your Name]

[Your Title]

[Insurance Company Name]