

Insurance Claim Authorization Denial

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, ZIP Code]

[Claimant's Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Denial of Insurance Claim Authorization - [Claim Number]

Dear [Claimant's Name],

We regret to inform you that we are unable to authorize your claim for [specific service or treatment] submitted on [submission date]. After careful review of your case, the following reasons have contributed to our decision:

- Reason 1: [Insert reason]
- Reason 2: [Insert reason]
- Reason 3: [Insert reason]

If you believe this decision is in error, you have the right to appeal. Please provide any additional documentation or evidence that may support your claim. You can reach us at [contact information] for further assistance.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]