[Date]

[Applicant Name]
[Applicant Address]
[City, State, Zip Code]

RE: Notice of Denial of Disability Certification

Dear [Applicant Name],

Thank you for submitting your application for disability certification. After a thorough review of the medical documentation and information provided, we are writing to inform you that your request has been denied at this time.

This decision was based on the following reason(s):

- The submitted medical documentation does not sufficiently demonstrate a qualifying disability under our current criteria.
- The information provided does not establish a long-term functional limitation that requires certification.
- [Additional specific reason if applicable].

Please note that this decision is based solely on the records currently available to us. If you have additional medical evidence or updated evaluations that were not included in your initial application, you may submit them for reconsideration.

If you disagree with this determination, you have the right to appeal this decision. To initiate an appeal, please submit a written request within [Number] days of the date of this letter to the address listed below:

[Appeals Department Name]
[Address]
[City, State, Zip Code]

Sincerely,

[Signature]
[Name of Reviewer or Administrator]
[Title]
[Organization Name]