

[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: FINAL NOTICE - Intent to Escalate Denied Claim

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss/Service: [Insert Date]

To the Claims Review Department,

This letter serves as a formal final notice regarding the denial of the above-referenced claim. Despite previous correspondence dated [Date of previous letters] disputing your decision, I have not received a satisfactory resolution or a detailed justification for the continued denial of coverage.

I have provided all requested documentation, including [List key documents, e.g., medical records, repair estimates, photos], which clearly demonstrate that this claim falls within the terms of my policy. Your refusal to honor this claim appears to be in contradiction to [Specific Policy Section].

Please consider this my final attempt to resolve this matter directly with [Insurance Company Name]. If I do not receive a written confirmation of claim approval and payment processing within [Number, e.g., 10] business days, I will be forced to take the following actions:

- File a formal complaint with the State Department of Insurance.
- Seek legal counsel to explore a bad faith insurance lawsuit.
- Escalate this matter to your corporate executive office.

I expect a prompt response regarding your final position on this matter.

Sincerely,

[Your Signature]
[Your Printed Name]