[Company Name]
[Department Name]
[Street Address]
[City, State, Zip Code]

[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Re: Notice of Final Determination
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Incident: [Date of Incident]

Dear [Policyholder Name],

We have completed our formal review of your appeal regarding the decision made on the above-referenced claim. This letter serves as our Notice of Final Determination.

After a thorough evaluation of the additional information provided, including [List specific documents or evidence reviewed], the Appeals Committee has decided to [Uphold / Overturn / Partially Modify] the original decision.

Final Decision Details:
[Insert detailed explanation of the final decision and the specific policy provisions or facts that support it.]

Based on this final determination, [State resulting action, e.g., no further payments will be issued / a payment in the amount of $XXX.XX is being processed].

This concludes the internal appeals process with [Company Name]. If you disagree with this final decision, you may have the right to seek further review through the following channels:

- Contacting the [State Name] Department of Insurance.
- Pursuing independent legal counsel.
- Requesting formal arbitration as outlined in your policy handbook.

If you have any questions regarding this letter, please contact our Appeals Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Representative]

[Title]
[Company Name]