

[Company Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Claim Denial

Claim Number: [Claim Number]
Date of Incident: [Date of Incident]

Dear [Claimant Name],

We have completed our review of the claim you submitted on [Date Claim Filed] regarding [Brief Description of Incident/Loss].

We regret to inform you that your claim has been denied for the following reason(s):

- [Specific reason 1: e.g., The loss is not covered under the terms of the policy/contract.]
- [Specific reason 2: e.g., Failure to provide required documentation within the specified timeframe.]
- [Specific reason 3: e.g., Investigation found no liability on behalf of the company.]

This decision was based on [Reference specific policy section, contract clause, or legal statute].

If you have additional information or evidence that you believe may change this determination, please submit it in writing to our office by [Deadline Date].

If you disagree with this decision, you have the right to appeal. To initiate an appeal, you must [Instructions for appeal process, e.g., submit a formal letter to the Appeals Committee within 30 days].

You may also have the right to contact the [State/Local Department of Insurance or Regulatory Body] if you feel this claim has been handled unfairly.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]