[Law Firm Name]
[Address]
[City, State, Zip]
[Phone Number]
[Email]

[Date]

[Claims Adjuster Name]
[Insurance Carrier Name]
[Address]
[City, State, Zip]

RE: Good Faith Letter / Dispute of Claim Denial
Claimant: [Client Name]
Employer: [Employer Name]
Date of Injury: [Date]
Claim Number: [Claim Number]

Dear [Adjuster Name],

This office represents [Client Name] regarding the above-referenced workers' compensation claim. We are writing in good faith to request a reconsideration of your denial dated [Date of Denial].

Your denial cites the "unwitnessed" nature of the injury as the primary basis for rejection. We assert that this denial is unfounded under [State] Workers' Compensation Law. The lack of an eyewitness does not invalidate a claim when the claimant's account is consistent and supported by medical evidence.

Our client maintains that the injury occurred during the course and scope of employment while performing [Briefly describe task, e.g., lifting heavy boxes]. Please note the following supporting factors:

- **Immediate Reporting:** The claimant reported the injury to [Manager Name] on [Date/Time], shortly after the incident occurred.
- **Medical Consistency:** Medical records from [Provider Name] dated [Date] show that the history given by the claimant is consistent with the physical findings and the mechanism of injury described.
- **Credibility:** The claimant has a long-standing history of employment with [Employer Name] and no prior history of similar injuries or fraudulent claims.

We believe that a formal hearing can be avoided if this claim is accepted voluntarily. Please review the attached [List any documents, e.g., medical reports/statements] and advise if you are willing to rescind the denial and initiate benefits.

If we do not receive a response or a notice of acceptance within [Number] days, we will proceed with a formal request for a hearing before the Workers' Compensation Board/Commission.

Sincerely,

[Attorney Name]
[Law Firm Name]