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

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

RE: Notice of Good Faith Dispute
Claim Number: [Your Claim Number]
Date of Injury: [Date of Injury]
Employer: [Employer Name]

Dear [Claims Adjuster Name],

I am writing to formally dispute the denial of my workers' compensation claim dated [Date of Denial Letter]. This denial appears to be based solely on the findings of the Independent Medical Examination (IME) conducted by Dr. [Doctor's Name] on [Date of Exam].

Please accept this letter as a good faith effort to resolve this dispute before seeking formal adjudication. I disagree with the IME report for the following reasons:

- The IME physician's conclusions contradict the consistent medical opinions and treatment records of my primary treating physician, Dr. [Treating Doctor's Name].
- The IME report fails to account for [mention specific symptoms or limitations that were overlooked].
- The examination lasted only [Number] minutes, which I believe was insufficient to accurately assess my condition and work capabilities.
- [Optional: Insert any factual inaccuracies found in the IME report regarding your medical history or the mechanics of the injury].

Enclosed please find [List any supporting documents, such as a rebuttal letter from your treating doctor or recent diagnostic results] which further support the compensability of this claim.

I request that you review this additional information and reconsider the denial of my benefits. I look forward to your written response within [Number of days, e.g., 14] days to discuss a resolution to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]