[Attorney Name/Law Firm Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Adjuster Name]

[Insurance Carrier Name]

[Address]

[City, State, Zip Code]

Re: Good Faith Letter / Notice of Dispute
Claimant: [Employee Name]
Employer: [Employer Name]
Date of Injury: [Date]
Claim Number: [Claim Number]

Dear [Adjuster Name],

Please be advised that this office represents the claimant, [Employee Name], regarding the above-referenced workers' compensation claim. We are in receipt of your Notice of Denial dated [Date], which cites "untimely filing" or "failure to provide timely notice" as the basis for the rejection of this claim.

This letter serves as a good faith effort to resolve this dispute without the need for formal litigation or a hearing. We respectfully request that you rescind the denial based on the following grounds:

1. **Actual Knowledge:** The employer had actual knowledge of the injury on or about [Date] through [Name of Supervisor/Manager], which satisfies the notice requirements under [State Statute].

2. **Tolling of Statute:** The timeframe for filing was tolled due to [Reason: e.g., the latent nature of the injury / the employer's failure to post required workers' compensation notices].

3. **Lack of Prejudice:** The employer has not been prejudiced by the timing of the report, as medical records were preserved and the scene of the incident remained unchanged.

We have enclosed [List Documents: e.g., witness statements, medical reports, or internal emails] which support our position that notice was sufficient or that the filing was timely under the law.

Please review this information and provide your written position regarding the withdrawal of your denial within [Number] days. If we do not hear from you, we will proceed with a formal request for a hearing before the Workers' Compensation Board.

Sincerely,

[Signature]

[Printed Attorney Name]