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

[Date]

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

RE: Notice of Good Faith Dispute
Claim Number: [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]. The denial states that the injury did not arise out of or occur within the course of my employment. I am submitting this letter as a good faith effort to resolve this matter before pursuing further legal action or a formal hearing.

I disagree with your finding for the following reasons:

[Paragraph 1: Describe why you were at the location or performing the task for the benefit of the employer. Mention if you were on a special mission, performing a required task, or if the injury occurred in a common area controlled by the employer.]

[Paragraph 2: Provide specific facts or evidence that contradict the denial, such as witness statements, supervisor instructions, or time logs.]

The injury I sustained is directly related to my job duties and the requirements placed upon me by [Employer Name]. I have attached [List any documents, such as medical records or witness statements] to support my position that this claim is compensable.

Please review this additional information and reconsider your position regarding the compensability of this claim. I look forward to receiving your written response within [Number of Days, e.g., 14] days.

Sincerely,

[Your Signature]

[Your Printed Name]