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

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

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

Dear [Claims Examiner Name],

I am writing this letter as a supplemental good faith effort to resolve the dispute regarding the denial of my workers' compensation claim dated [Date of Denial Letter].

The purpose of this letter is to provide new medical evidence that directly addresses the reasons cited for the initial denial. Please find attached the following documentation:

- [Name of Medical Report/Doctor] dated [Date]
- [Type of Diagnostic Test: e.g., MRI/X-Ray Results] dated [Date]
- [Any other relevant medical records or specialist opinions]

This new evidence clarifies [briefly state what the evidence proves, e.g., the industrial causation of the injury / the objective findings previously missing]. This documentation supports my position that the injury arose out of and in the course of my employment.

In light of this new information, I request that you re-evaluate the denial of my claim. I am submitting this in a good faith attempt to resolve this matter without the need for further formal litigation or a hearing before the Workers' Compensation Appeals Board.

Please review these documents and provide a written response regarding your position on the compensability of this claim within [Number, e.g., 15] days.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached documents]