SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

[Date]

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

RE: Final Good Faith Effort to Resolve Disputed Claim
Claim Number: [Claim Number]
Date of Injury: [Date]
Employer: [Employer Name]

Dear [Adjuster Name],

This letter serves as a final good faith attempt to resolve the dispute regarding the denial of my Workers' Compensation claim before I formally proceed with legal litigation and a request for a hearing before the [State Workers' Compensation Board/Commission].

I am in receipt of your denial notice dated [Date of Denial Letter], which states the claim was denied based on [Reason stated in denial letter, e.g., lack of medical evidence/pre-existing condition]. I strongly disagree with this determination for the following reasons:

- [Reason 1: Describe the specific work-related incident or exposure].
- [Reason 2: Reference specific medical reports or doctor's opinions supporting causation].
- [Reason 3: Address any factual inaccuracies in the denial letter].

Attached to this letter, please find [List any new documents, e.g., updated medical records, witness statements, or photos] which further substantiate the validity of my claim. I believe this evidence clearly demonstrates that my injury arose out of and in the course of my employment.

It is my preference to resolve this matter amicably and avoid the time and expense of formal litigation. However, if your position remains unchanged, I will have no choice but to retain legal counsel and file a formal appeal to protect my rights to medical benefits and wage replacement.

Please review the enclosed documentation and provide a written response regarding your final decision to accept or maintain the denial of this claim by [Date - typically 10-14 days from letter date].

I look forward to your prompt response.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached documents]