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

[Date]

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

Re: Notice of Good Faith Dispute and Request for Reconsideration
Claim Number: [Insert Claim Number]
Date of Injury: [Insert Date of Injury]
Employer: [Insert Employer Name]

Dear [Claims Adjuster Name],

I am writing to formally contest the denial of my workers' compensation claim dated [Date of Denial Letter]. The reason provided for the denial was that my injury is a result of a pre-existing condition. I am submitting this letter in good faith to request a formal reconsideration of this decision based on the following facts.

While I acknowledge a history of [Mention Brief Medical History, e.g., minor back strain] in [Year], this condition was stable, asymptomatic, and did not limit my ability to perform my job duties prior to the industrial accident on [Date of Injury].

Under workers' compensation law, an employer is responsible for the "aggravation" or "exacerbation" of a pre-existing condition. My current symptoms and functional limitations are a direct result of the specific workplace incident where [Briefly Describe Incident, e.g., I lifted a heavy crate]. This event caused a distinct change in my medical status that exceeds my baseline condition.

Enclosed, please find supporting documentation including:
- [List Item 1: e.g., A statement from my treating physician clarifying the aggravation]
- [List Item 2: e.g., Recent diagnostic imaging reports]
- [List Item 3: e.g., Prior medical records showing I was asymptomatic before the injury]

I request that you review this additional information and reverse the denial of my claim. I remain committed to a good faith resolution of this matter to ensure I receive the necessary medical treatment to return to work.

Please provide a written response to this request within [Insert Number of Days, e.g., 14] days. I look forward to resolving this matter promptly.

Sincerely,

[Your Signature]

[Your Printed Name]