[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Claims Adjuster Name]
[Insurance Company Name]
[Insurance Company Address]
Re: Dispute of Claim Denial
Claim Number: [Claim Number]
Date of Injury: [Date of Injury]

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 claim was rejected based on the allegation that my injury was caused by intoxication.

I am submitting this Good Faith dispute because I disagree with the insurance company's findings. My injury occurred during the course and scope of my employment and was not proximately caused by the use of alcohol or controlled substances. I maintain that I was performing my job duties as directed and that the accident was caused by [mention workplace factor, e.g., faulty equipment, unsafe floor conditions, or employer negligence].

In support of this dispute, I have attached the following documentation:

- [Item 1: e.g., Witness statements contradicting the intoxication claim]
- [Item 2: e.g., Medical records or secondary toxicology reports]
- [Item 3: e.g., Incident reports regarding workplace hazards]

Please review this additional information and reconsider the compensability of this claim. I request a written response regarding your decision to uphold or overturn the denial within [Number of Days, e.g., 14] days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]