

Formal insurance claim denial

Subject: Notification of Insurance Claim Denial

Dear [Policyholder Name],

We regret to inform you that your recent insurance claim, reference number [Claim Number], submitted on [Date], has been reviewed and does not meet the policy coverage requirements. After a thorough evaluation, the claim for [Description of Claim] is denied based on [Reason for Denial, e.g., policy exclusions, insufficient documentation, late submission].

Please refer to your policy documentation for details regarding coverage limitations. You have the right to appeal this decision by submitting additional information or supporting documentation within [Number of Days] days.

For further assistance or to initiate an appeal, contact our claims department at [Phone/Email].

Sincerely,

[Your Name]

[Title/Position]

[Insurance Company Name]

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