

# Insurance Claim Denial Letter

Claimant's Name

**From:** \_\_\_\_\_

Sender's Name

**To:** \_\_\_\_\_

Claimant's Name

\_\_\_\_\_

\_\_\_\_\_

Sender's Address

Claimant's Address

\_\_\_\_\_

\_\_\_\_\_

City, State, ZIP Code

City, State, ZIP Code

\_\_\_\_\_

Date

\_\_\_\_\_

SSN

\_\_\_\_\_

Account Name

\_\_\_\_\_

Policy Keys

\_\_\_\_\_

Company

**Dear** \_\_\_\_\_,

This letter is in reference to your \_\_\_\_\_ claim. As you know, we have been investigating your claim for \_\_\_\_\_ benefits and a determination has been reached.

To be eligible for \_\_\_\_\_ benefits, you must satisfy the policy provisions defined as follows:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Sender's Name

\_\_\_\_\_  
Sender's Signature

