

Company Name

Address

City, State ZIP

Phone

Date:

Employee Name

Employee Address

City, State ZIP

**Re: Workersâ€™ Compensation Claim Denial**

Dear ,

We have reviewed your workersâ€™ compensation claim regarding the incident dated .

After careful consideration, we regret to inform you that your claim has been denied for the following reason(s):

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If you have any questions or believe this decision is incorrect, you have the right to appeal. To do so, please contact us at or follow the instructions provided by your stateâ€™s workersâ€™ compensation board.

Thank you for your understanding.

Sincerely,

Claims Department

Company Name