

Long-Term Care Insurance Claim Dispute

Policyholder Information

Full Name

Policy Number

Address

Phone Number

Email Address

Insurance Company Information

Company Name

Company Address

Claim Details

Claim Number

Date of Denial/Dispute

Reason for Denial / Dispute (as stated by insurer)

Explanation of Dispute

Your Explanation / Grounds for Dispute

Supporting Documents

List of Attached Documents

Additional Comments

Comments