

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Dispute of Claim - [Claim Number]

Dear [Recipient Name],

I am writing to formally dispute the claim referenced above, which was denied on [date of denial]. I believe that this decision is incorrect for the following reasons:

1. [Briefly explain the first reason for the dispute]
2. [Briefly explain the second reason for the dispute]
3. [If applicable, provide any additional evidence or information to support your case]

I kindly request a thorough review of my claim in light of the information provided. Enclosed are copies of documents supporting my dispute, including [list any relevant documents you are attaching]. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]