

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

[Claims Adjuster's Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Dispute of Workers' Compensation Claim [Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally dispute the findings regarding my Workers' Compensation claim, [Claim Number], filed on [Date of Injury].

[Briefly explain the reason for the dispute, including any relevant facts, dates, and supporting evidence.]

I believe that the initial decision does not accurately reflect the circumstances of my injury and the medical information provided. I have attached [list any documents, such as medical records, witness statements, or correspondence] to support my case.

I kindly request a reevaluation of my claim and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]