

[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: Appeal for Workers' Compensation Claim # [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my workers' compensation claim #[Claim Number], dated [Date of Denial]. I believe that my claim has merit based on the following reasons:

1. ****Reason for Appeal****: [Briefly explain why you are appealing the decision, including any relevant details or circumstances related to your case.]

2. ****Supporting Evidence****: I have included the following documents to support my claim:

- [List and attach relevant documents, such as medical records, witness statements, or other pertinent information.]

3. ****Additional Information****: [Include any additional information that may help in reconsidering your claim.]

I respectfully request that you review my case in light of the information provided. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title (if applicable)]
[Your Company Name (if applicable)]