

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

[Recipient Name]
[Company Name or Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Workers Compensation Dispute - Claim #[Claim Number]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally dispute the decision regarding my workers' compensation claim #[Claim Number], which was submitted on [Date of Initial Claim Submission]. The claim was reviewed on [Date of Initial Review], and I received notification of the decision on [Date of Decision Notification].

I would like to outline the reasons for my dispute regarding this decision:

1. ****Overview of Claim Details****

- Date of Injury: [Date of Injury]
- Nature of Injury: [Description of Injury]
- Employment Status: [Full-time/Part-time, Position Title]

2. ****Reason for Dispute****

- [Provide a detailed explanation of why you are disputing the claim decision. Include any relevant facts, evidence, medical reports, and other documentation that supports your position.]

3. ****Supporting Evidence****

- [List and attach any supporting documents that bolster your case, such as medical records, witness statements, or accident reports.]

4. ****Request for Reconsideration****

- Based on the information provided, I kindly request that you reconsider the decision regarding my claim. I believe that the evidence clearly supports my entitlement to workers' compensation benefits.

5. ****Desired Outcome****

- My desired outcome is [state what you want, e.g., approval of claim, payment of medical expenses, etc.].

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]