

[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 hope this letter finds you well. I am writing to formally appeal the denial of my workers' compensation claim, [Claim Number], submitted on [Submission Date]. I believe that the decision to deny my claim was made in error based on the following reasons:

1. **\*\*Reason for Appeal\*\***: [Clearly state the reason for the denial and provide factual evidence or documentation supporting your claim.]

2. **\*\*Supporting Documentation\*\***: [List any documents you are including to support your appeal, such as medical records, witness statements, or expert opinions.]

3. **\*\*Additional Information\*\***: [Provide any additional context or details that may assist in reevaluating your claim.]

I respectfully request that you review my case again in light of this new information. I am willing to provide more information and discuss this matter at your earliest convenience.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title (if applicable)]

[Your Employee ID (if applicable)]