

# Health Plan Rejection Appeal Letter

Date: [Insert Date]

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip]

Subject: Appeal for Rejection of Health Plan Claim - [Claim Number]

Dear [Insurance Company Contact Name],

I am writing to formally appeal the denial of my health plan claim for [brief description of the service/treatment], which was rejected on [date of rejection]. My policy number is [Your Policy Number].

The reason provided for the denial was [insert denial reason]. However, I believe this decision was made in error because [provide your reasons and supporting information].

Enclosed are the relevant documents, including [list any included documents such as medical records, letters from healthcare providers, etc.], that support my case. I kindly ask that you review this appeal and reconsider your decision.

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

Sincerely,

[Your Name]