

Insurance Claim Denial Appeal Letter

Your Name

Your Address

Your City, State, Zip Code

Your Email

Your Phone Number

Date

Insurance Company Name

Insurance Company Address

Insurance Company City, State, Zip Code

Subject: Appeal for Denied Claim - Claim Number [Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Claim Number]) submitted on [Date of Original Claim]. I received your denial letter dated [Date of Denial Letter], and I believe the claim was incorrectly denied based on the following reasons:

- [Reason for denial]
- [Supporting argument or evidence]
- [Any additional relevant facts]

Attached are the documents relevant to my appeal, including [list any additional documents you are providing]. I kindly ask you to review my claim again in light of this new information.

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

Sincerely,

[Your Name]