

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Formal Complaint Regarding Denied Insurance Claims

Dear [Insurance Company Contact/Claims Department],

I am writing to formally address the recent denial of my insurance claims, specifically [Claim Number(s)], related to [describe the medical service or procedure]. My policy number is [Policy Number].

On [Date of Denial], I received a notification stating that my claim was denied due to [specific reasons given for denial]. I respectfully disagree with this decision for the following reasons:

1. [Reason 1]
2. [Reason 2]
3. [Any additional reasons]

Attached to this letter, you will find supporting documentation, including [list documents such as medical records, bills, or additional correspondence] that validate my case for reconsideration.

I request a thorough review of my claims and a prompt resolution of this matter. Should this issue not be resolved satisfactorily, I am prepared to escalate my complaint to appropriate regulatory bodies.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]