

Medical Grievance Letter

Date: _____

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Medical Grievance Regarding Health Insurance Issues

Dear [Insurance Company Representative's Name],

I am writing to formally lodge a grievance regarding my health insurance claim (Policy Number: [Your Policy Number]) that has not been handled appropriately. On [Date of Incident], I had an appointment at [Healthcare Provider's Name] and underwent [brief description of medical treatment].

Despite my coverage, my claim for this service was either denied or resulted in an insufficient reimbursement. The reasons provided for the denial include [list reasons if available or state "no reasons were provided"].

This decision has caused significant financial strain, and I believe the claim should be honored based on my policy's terms. I have attached all relevant documents, including the original claim submission, denial letter, and supporting medical records.

I kindly request a thorough review of my claim and a detailed explanation regarding the denial. Please contact me at your earliest convenience to discuss this matter further. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]