

Insurance Claim Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Subject: Appeal for Underpayment of Claim #[Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the decision regarding the payment for my claim #[Claim Number] related to [brief description of the incident, e.g., "car accident on MM/DD/YYYY"]. I have reviewed the explanation of benefits provided with your recent payment, and I believe the amount paid does not accurately reflect the medical expenses incurred and covered under my policy.

Upon reviewing my medical bills and policy coverage, I found that the following services were either underpaid or excluded without sufficient explanation:

- [Service or treatment received - Amount billed: \$XXX - Amount paid: \$XXX]
- [Service or treatment received - Amount billed: \$XXX - Amount paid: \$XXX]

According to my policy, these services should be covered at [insert relevant coverage percentage or description]. I have attached copies of the bills along with relevant documents ([e.g., the policy, previous correspondence, etc.]) that support my appeal for a review of this claim.

I kindly request that you reevaluate my claim and issue a revised payment based on the accurate assessment of my covered medical expenses. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your time and consideration.

Sincerely,

[Your Name]

[Policy Number]