

# Insurance Claim Appeal Letter

Your Name: [Your Name]

Your Address: [Your Address]

Date: [Date]

Insurance Company: [Insurance Company Name]

Claims Department Address: [Insurance Company Address]

Dear Claims Adjuster,

Subject: Appeal for Claim Denial - Claim Number [Your Claim Number]

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]) regarding [brief description of the incident or loss]. My claim was denied on [date of denial] for the reason stated as [reason for denial].

Upon reviewing the details of my claim and the reason for denial, I believe that there has been a misunderstanding. [Briefly explain your perspective and provide any additional evidence or documentation to support your appeal].

I kindly request a re-evaluation of my claim given the information provided. Please find attached [mention any attached documents, like medical records, repair estimates, etc.] that support my case.

I appreciate your prompt attention to this matter and look forward to your response. You can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]