

Insurance Claim Appeal Letter

Your Name

Your Address

City, State, ZIP Code

Email Address

Phone Number

Date

Claims Department

Insurance Company Name

Company Address

City, State, ZIP Code

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

Dear Claims Department,

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]), dated [Date of Claim]. I have reviewed the reasons for the denial, and I believe that my claim has been unfairly rejected.

The denial letter stated that [briefly mention the reason for denial]. However, I would like to provide additional information that supports my case:

- [Provide supporting information or evidence #1]
- [Provide supporting information or evidence #2]
- [Provide supporting information or evidence #3]

I kindly request a reevaluation of my claim based on the additional information provided. I rely on this policy for [briefly explain your reliance on the policy or its importance], and I hope for a favorable resolution.

Please find attached documents that further corroborate my appeal. I am looking forward to your prompt response and appreciate your attention to this matter.

Thank you for your consideration.

Sincerely,

[Your Name]