

Appeal Letter for Insurance Claim Denial

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Appeal Against Claim Denial - Policy No. [Policy Number]
Claim No: [Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim No. [Claim Number]) dated [Date of Denial]. The claim was denied on [Date of Denial] for the reason stated as "[Reason for Denial]."

I believe this decision was made in error because [briefly explain your reasons and any evidence that supports your case]. Attached are additional documents that support my appeal, including [list of documents].

I request that you review my appeal and reconsider your decision regarding my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]