

Challenge Letter Against Insurance Claim Rejection

[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]

Dear [Claims Adjuster's Name],

I am writing to formally challenge the rejection of my insurance claim, claim number [Claim Number], which was denied on [Date of Denial]. After reviewing the denial letter, I believe that this decision was made in error based on the following reasons:

1. [State Reason 1]
2. [State Reason 2]
3. [State Reason 3]

I have attached all relevant documentation to support my position, including [list attached documents, e.g., medical records, receipts, previous correspondence].

I kindly request a reassessment of my claim and an explanation of the basis for the initial denial. I believe that upon review, you will find that my situation warrants coverage under my policy.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]