

# Dispute Letter for Rejected Insurance Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Rejected Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the rejection of my insurance claim #[Claim Number] submitted on [Date of Submission] regarding [Brief Description of Claim]. I received your letter dated [Date of Rejection Letter], outlining the reasons for the denial, and I believe that this decision is incorrect.

According to my understanding of the policy and the circumstances surrounding my claim, I am entitled to coverage for [Reason or Basis for Claim]. I have attached supporting documents, including [List any relevant documents such as medical records, invoices, etc.], which contradict the reasons for rejection and demonstrate my eligibility for the claim.

I kindly request a thorough review of my case and reconsideration of the claim denial based on the provided evidence. Please confirm the receipt of this letter and keep me informed about the progress of the review process.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]