

# Follow-Up on Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to follow up on the appeal of my denied insurance claim [Claim Number] submitted on [Submission Date]. I understand that the appeal was reviewed but ultimately denied on [Denial Date]. I would like to request further clarification regarding the decision and any additional documentation needed to support my appeal.

Given the circumstances of my claim, I believe there is sufficient evidence to warrant a reevaluation. Please let me know the next steps I should take to pursue this matter further.

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

Sincerely,

[Your Name]