

Letter of Appeal

[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 Denial of Insurance Claim #[Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of my insurance claim #[Claim Number], which was submitted on [original claim submission date] and subsequently denied on [denial date]. The reason provided for the denial was [insert reason], which I believe is incorrect based on the following information.

[Briefly explain your side and provide any supporting evidence, documents, or reasons that counter the denial.]

I kindly request that you review my case again with the enclosed documentation, which includes [list any attached documents, e.g., medical records, receipts, etc.]. I believe that upon re-evaluation, you will find the claim to be valid and in accordance with the terms of my policy.

Thank you for your attention to this matter. I appreciate your prompt response to my appeal. I look forward to your reply within the stipulated timeframe.

Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]