

Objection to Denied Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name/Insurance Company],

I am writing to formally contest the denial of my insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Claim Date]. I have reviewed the reasons provided for the denial and believe that the decision requires reconsideration.

[Briefly explain the reasons for your objection. Include any relevant details, policy numbers, or additional documentation that supports your claim.]

According to my understanding of my policy, [Insert any clauses or policy terms that support your claim]. I kindly request that you review the information provided and reconsider your decision regarding my claim.

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

Sincerely,

[Your Name]