

Request for Reconsideration of 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]

Dear [Claims Adjuster's Name or Customer Service],

I am writing to formally request a reconsideration of the denial of my insurance claim, reference number [Claim Number], submitted on [Submission Date]. The claim was denied on [Denial Date] due to [Reason for Denial].

I believe this decision was made in error due to [Briefly explain your reasoning or provide new information]. I have attached [List any additional documents or evidence you are including] to support my request.

I respectfully ask that you review this information and reconsider my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]