

Request for Review of Denied Insurance Benefits

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip]

Dear [Insurance Company Contact/Claims Department],

I am writing to formally request a review of the denial of my insurance benefits for [specific service, treatment, or claim number]. My policy number is [your policy number].

On [date of denial], I received a denial notification stating that my claim was denied due to [reason for denial]. I believe this decision warrants a thorough review as [provide reasons or supporting documentation that justifies your claim].

Attached to this letter, you will find [list any documents you are attaching, e.g., medical records, bills, previous correspondence]. I believe these documents provide clear evidence supporting my case.

I would appreciate it if you could review this matter at your earliest convenience. Please let me know if additional information is needed to assist in the review process.

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

Sincerely,

[Your Name]