

Request for Review of Claims Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Review of Claims Denial

Dear [Claims Manager's Name],

I am writing to formally request a review of the denial of my claim, [Claim Number], which was submitted on [Submission Date]. I received a denial notice on [Denial Notice Date], and I would like to understand the reasons for this decision in detail.

Upon reviewing the denial notice, it appears that [briefly state the reasons given for denial]. I believe that my claim was valid based on [provide any relevant details or supporting information].

Therefore, I kindly ask you to reconsider the decision and provide a thorough explanation of the denial reasons, including any additional documentation or information needed to support my claim.

Thank you for your attention to this matter. I appreciate your assistance in resolving this issue and look forward to your prompt response.

Sincerely,

[Your Name]