

Dispute of Insurance Claim Settlement

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Claims Department
Insurance Company Address
City, State, Zip Code

Dear Claims Manager,

Re: Dispute of Claim Settlement - Claim Number: [Your Claim Number]

I am writing to formally dispute the settlement offered for my recent medical expenses claim submitted on [Date of Claim Submission]. After reviewing the details of the settlement and the associated medical records, I believe that the amount provided does not accurately reflect the incurred medical costs, which total [Total Medical Expenses].

[Briefly explain reasons for dispute, such as lack of coverage for certain expenses, discrepancies in billed amounts, or insufficient assessment of medical needs. Include references to specific documents, if necessary.]

Enclosed are copies of all relevant documents, including medical bills and prior correspondence regarding this claim, which support my position. I request a comprehensive review of my claim and a reassessment of the settlement offer.

I appreciate your prompt attention to this matter and look forward to your response within the next [specific time frame, e.g., 30 days]. Should you require any additional information to aid in your review, please do not hesitate to contact me directly.

Thank you for your attention to this matter.

Sincerely,
[Your Name]