

# Insurance Challenge of Decision

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Challenge of Decision Due to Adverse Evaluation

Dear [Claims Adjuster's Name],

I am writing to formally challenge your recent decision regarding my claim (Claim Number: [Insert Claim Number]) submitted on [Insert Submission Date]. I received the evaluation dated [Insert Evaluation Date], which I believe was conducted in error or did not fully consider the relevant information pertaining to my case.

According to your findings, [briefly summarize the adverse evaluation and its outcome]. I would like to provide additional information/evidence to support my position:

- [Detail 1: Describe the evidence or information that contradicts the evaluation]
- [Detail 2: Mention any supporting documents included with the letter]
- [Detail 3: Include any relevant timelines or events that support your claim]

Given the above, I respectfully request a reevaluation of my claim based on the new evidence provided. Please confirm that my request is being processed and inform me of any further steps required on my part.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]