

Insurance Claim Appeal Letter

Date: [Insert date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, ZIP Code]

Subject: Appeal for Claim Denial - Claim Number [Your Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my insurance claim, number [Your Claim Number], which was recently denied on [Date of Denial]. I have reviewed the reasons provided for the denial, and I believe there are valid grounds to contest this decision.

Upon reviewing the policy details and circumstances surrounding my claim, I would like to present the following information for your reconsideration:

- [Point 1: Briefly explain your argument]
- [Point 2: Provide any additional evidence or documents]
- [Point 3: Highlight any relevant policy clauses that support your claim]

I kindly request that you re-evaluate the circumstances of this claim and reconsider the decision made. I am happy to provide any further documentation or information required to assist in this process.

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

Sincerely,

[Your Name]