

Insurance Complaint Appeal

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

Insurance Company Name: [Insert Insurance Company Name]

Insurance Company Address: [Insert Insurance Company Address]

Insurance Company City, State, Zip: [Insert City, State, Zip]

Dear [Insurance Company Contact/Claims Department],

I am writing to formally appeal the recent decision regarding my insurance claim (Claim Number: [Insert Claim Number]). I received your letter dated [Insert Date of Their Letter], which indicated that my claim was reviewed and deemed unsatisfactory based on [briefly state the reason given].

Upon reviewing your response, I believe there are several key points that warrant reconsideration. [Briefly outline the reasons for your appeal and any supporting evidence.]

In light of this information, I kindly request that you re-evaluate my claim. I am willing to provide any further documentation required to assist in this process. Please let me know if there are any specific forms or additional information you need from my side.

I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]