

Insurance Reconsideration Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Request for Reconsideration of Claim #[Claim Number]

Dear [Insurance Adjuster's Name or Claims Department],

I am writing to formally request a reconsideration of the claim #[Claim Number] submitted on [Date of Initial Submission]. After reviewing the critical assessment provided in your recent communication, I believe that the circumstances surrounding my claim merit further evaluation.

In your letter dated [Date of Insurance Company's Letter], the primary reasons for the denial were stated as [Briefly state reasons]. I have gathered additional documentation and further information that supports my case, which includes [List any new evidence or justification].

Given this new information, I kindly ask that you review my case again. I believe that [Explain briefly why you think the claim should be approved].

Thank you for your attention to this matter. I look forward to your prompt response and the opportunity to discuss this claim further. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any more information.

Sincerely,

[Your Name]