

Insurance Review Rebuttal

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Date of Denial]. I believe the claim was denied based on [state the reason provided for denial], which I respectfully contest.

Upon reviewing the details of my policy and the circumstances surrounding my claim, I would like to provide further information and supporting documents that may clarify any misunderstandings. [Briefly explain your argument, referring to policy terms, medical records, or other evidence].

I kindly request that you reconsider this claim based on the additional information provided. Enclosed are additional documents including [list any documents you are attaching such as medical reports, bills, etc.].

I appreciate your attention to this matter, and I look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]