

# Deductible Reconsideration Request

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request a reconsideration of my deductible under my current insurance policy (Policy # [Your Policy Number]) following the recent changes made to my coverage.

Following the adjustment, my deductible increased from [Old Deductible Amount] to [New Deductible Amount]. I believe this increase is inconsistent with my previous coverage terms and would greatly impact my ability to seek necessary medical care.

I kindly ask you to review my policy details and reconsider my deductible back to the original amount. I have attached relevant documents that support my request, including my previous policy statement.

Thank you for your attention to this matter. I appreciate your assistance and look forward to a prompt resolution.

Sincerely,

[Your Name]