

# Deductible Reconsideration Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request a reconsideration of my deductible due to a miscommunication I had with my healthcare provider regarding my coverage and benefits. I believe that my current deductible assessment does not accurately reflect the information I received prior to my treatment on [Insert Treatment Date].

During my consultation on [Insert Consultation Date], [Healthcare Provider's Name] informed me that the services I would receive were fully covered under my plan. This misunderstanding led me to proceed with the treatment, believing that my deductible would not apply. However, I later received a statement indicating that a significant amount had been applied to my deductible.

Given this miscommunication, I kindly request that you review my claim and the associated deductible. Attached are copies of my provider's notes and any relevant correspondence that support my position.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution that reflects the initial information I was provided.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]