# Deductible Reconsideration Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a reconsideration of the deductible applied to my recent emergency services claim. My policy number is [Insert Policy Number], and the claim number associated with this request is [Insert Claim Number].

On [Date of Service], I received emergency medical treatment at [Hospital/Facility Name] due to [brief description of the emergency situation]. Given the nature of the emergency, I had to seek immediate care, which I believe warrants a review of the deductible charges applied to my account.

I appreciate the coverage provided by my policy and understand the importance of deductibles; however, I kindly request that you reconsider the application of the deductible in this exceptional case. I have attached all relevant documentation, including my medical records and any correspondence related to this claim, for your review.

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]