

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

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

Dear [Insurance Company Representative's Name],

I am writing to formally request a reconsideration of the deductible for the high-cost procedure I underwent on [Date of Procedure]. The procedure, [Name of Procedure], was necessary due to [brief explanation of the medical necessity].

As outlined in your policy guidelines, I believe that [reason for reconsideration, e.g., unique circumstances, necessity of the procedure]. I have attached relevant medical documentation, including [list any documents such as bills, medical records, or letters from doctors], to support my case.

I respectfully ask you to review this matter and consider adjusting my deductible accordingly. I am hopeful for your understanding and assistance in this situation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]