

# 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 [Insurance Company Name],

I am writing to formally request a reconsideration of the deductible applied to my recent out-of-network services, specifically related to [description of services received, e.g., procedure, date of service, etc.].

According to my current policy [Policy Number], I believe the expenses incurred should be covered differently due to [reason for reconsideration, e.g., medical necessity, lack of in-network options, etc.].

I have attached relevant documentation, including [list any attached documents, such as bills, letters from providers, etc.], which supports my request for reconsideration.

I appreciate your attention to this matter and look forward to your prompt response. Should you require any more information, please do not hesitate to contact me at [your phone number].

Thank you for your assistance.

Sincerely,

[Your Name]