

Deductible Reconsideration Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Department,

I am writing to formally request a reconsideration of my deductible regarding my pre-existing condition. My policy number is [insert policy number], and my name is [insert your name].

On [insert date of service], I sought treatment for [briefly describe the pre-existing condition]. Upon review of my claim, I noticed that the deductible for this condition was not applied correctly. I believe that per our agreement, my deductible should be re-evaluated due to [provide specific reasons or evidence supporting your case].

I have attached supporting documents, including [list any attached documents, such as medical records, previous correspondence, etc.]. I kindly request that you investigate this matter and update my deductible accordingly.

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

Sincerely,

[Your Name]