

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]

Subject: Request for Deductible Reconsideration for Preventive Care Services

Dear [Insurance Company Representative's Name],

I am writing to formally request a reconsideration of the deductible applied to my recent preventive care services. My insurance policy number is [Insert Policy Number].

On [Date of Service], I received preventive care services at [Provider's Name]. According to the Affordable Care Act, many preventive services must be covered without applying any deductibles. However, I was informed that my visit was subject to the deductible.

Enclosed are my medical records, the billing statement, and a copy of my insurance policy outlining the coverage for preventive services. I kindly ask you to review this information and reconsider the deductible applied to my claim.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]