

Health Insurance Dispute Representation Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Representation for Health Insurance Dispute

Dear [Insurance Company Contact Name],

I am writing to formally notify you that I am representing [Client's Name], who holds policy number [Policy Number], in their dispute regarding the claims made on [Date of Service].

Our objective is to resolve the issue concerning the denial of coverage for [specific service or treatment] based on [reason for denial]. Upon review, we believe that this denial is unjustified for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

We request that you review the medical documentation provided and reconsider your decision. Additionally, please communicate any further requirements or steps necessary to facilitate this process.

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

Sincerely,

[Your Name]

[Your Title/Position]

[Your Firm/Organization, if applicable]