

Claim Appeal 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: Appeal for Denied Claim #[Claim Number]

Dear [Insurance Company Contact/Claims Department],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] filed on [Date of Claim]. I received a denial letter dated [Date of Denial Letter], which provided the following reasons for the denial:

[Insert Denial Reasons]

However, I believe that the claim was denied in error due to the following reasons:

[Provide Your Reasons and Evidence Supporting the Appeal]

Attached are [list any supporting documents: medical reports, bills, etc.] that further demonstrate the validity of my claim. I respectfully request that you review my case again and reconsider your decision.

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

Sincerely,

[Your Name]

[Policy Number]