

Insurance Coverage Denial Explanation

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: Denial of Coverage for Medical Services

Dear [Recipient's Name],

We are writing to inform you that your recent claim for medical services received on [Date of Service] has been reviewed. Unfortunately, we have determined that this claim does not meet the criteria for coverage under your current insurance policy.

The reasons for the denial are as follows:

- The service provided is not covered under your policy.
- The treatment was deemed not medically necessary.
- Insufficient documentation was submitted to support the claim.

Should you wish to discuss this matter further or appeal this decision, please do not hesitate to contact us at [Insurance Company Phone Number] or by fax at [Insurance Company Fax Number]. Additionally, you may address any additional documentation regarding your claim to the address listed above.

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Title]
[Insurance Company Name]