Vision Coverage Denial Explanation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Vision Coverage Denial for Corrective Lenses

I am writing to formally address the denial of coverage for my recent claim regarding corrective lenses as outlined in your letter dated [Insert Date of Denial Letter]. According to your communication, the reason for the denial was [insert reason for denial].
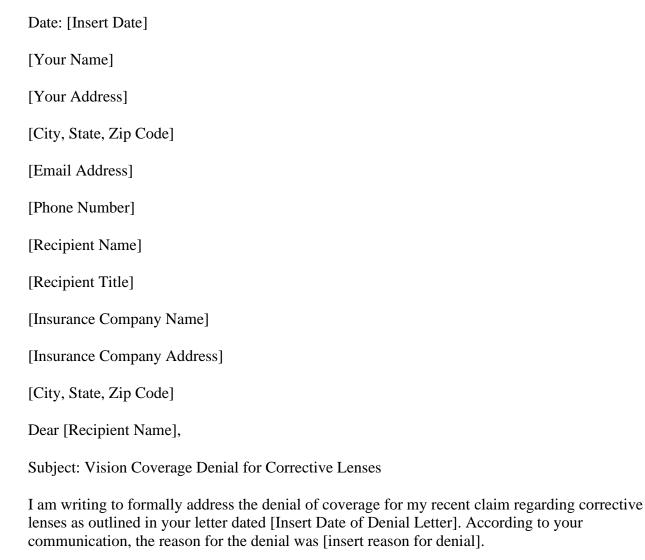
I would like to provide the following information and request a reconsideration of this decision:

- Policy Number: [Insert Policy Number]
- Claim Number: [Insert Claim Number]
- Date of Service: [Insert Date of Service]
- Provider of Service: [Insert Provider's Name]

It is my understanding that [insert reasons why you believe the denial is incorrect]. I have attached supporting documentation to aid in the review process.

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]