

Coverage Entitlement Appeal

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding the coverage entitlement for [specific treatment/service], as outlined in your letter dated [date of the denial letter]. I believe that the decision to deny coverage is incorrect due to [briefly state reasons for appeal, e.g., medical necessity, policy terms, etc.].

Enclosed, you will find supporting documentation, including [list any attached documents, e.g., medical records, statements from healthcare providers, etc.]. These documents clearly indicate that [explain how the documentation supports your claim].

As a loyal policyholder, I respectfully request a thorough review of my case and reconsideration of the coverage decision. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time.

Sincerely,

[Your Name]

Enclosures: [List the enclosed documents]