

Comprehensive Coverage Benefits Dispute

[Your Name] [Your Address] [City, State, ZIP Code] [Email Address] [Phone Number]

[Date]

[Insurance Company Name] [Insurance Company Address] [City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the recent decision regarding my comprehensive coverage benefits for claim number [Claim Number]. On [Date of Decision], I received your notice indicating that my claim was denied due to [reason provided in denial].

After reviewing my policy, I believe this decision is inconsistent with the coverage outlined in my agreement. Specifically, [briefly explain relevant policy provisions and any supporting evidence you have].

Attached are copies of [list any documents you are including, such as your policy, previous correspondence, etc.]. I kindly request a re-evaluation of my claim based on this information.

Please feel free to contact me at your earliest convenience to discuss this matter. I appreciate your prompt attention to this matter and look forward to resolving this dispute.

Sincerely,

[Your Name]