

Letter of Appeal for Excess Coverage Rebate Denial

[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 denial of my excess coverage rebate, as communicated in your letter dated [date of denial letter]. My policy number is [policy number]. I appreciate the prompt response regarding my rebate application; however, I believe that there has been an oversight in the review process.

The reason provided for the denial states [insert reason for denial], which I believe does not accurately reflect my situation. [Provide any additional details or documents that support your case, such as policy terms, evidence of eligibility, or changes in circumstances].

I kindly request a thorough review of my case and the reconsideration of the excess coverage rebate based on the information provided. My understanding of the policy guidelines indicates that I am eligible for this rebate due to [mention specific sections of the policy or related documentation].

Thank you for your attention to this matter. I look forward to your prompt response and hope for a favorable resolution. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Sincerely,

[Your Name]