

Letter of Appeal for Insurance Payment Investigation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Investigation of Insurance Payment Denial

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the decision made regarding my insurance claim, [Claim Number], submitted on [Submission Date]. The denial of payment was issued on [Denial Date], and I believe this decision warrants further investigation based on the information presented.

According to the policy, [briefly explain relevant policy terms or coverage]. However, [explain your reasoning as to why the claim should be covered, including any supporting documentation you are attaching].

I kindly request a thorough reconsideration of my claim and the associated documentation. I am happy to provide any additional information needed to assist in this investigation.

Thank you for your attention to this matter. I look forward to your prompt response regarding the status of my appeal.

Sincerely,

[Your Name]

[Your Policy Number]

[Enclosures: List any documents included]