

# Appeal Letter for Denied Critical Illness Claim

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

[Date]

[Insurance Company's Name]  
[Insurance Company's Address]  
[City, State, Zip Code]

Dear [Insurance Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my claim for critical illness benefits, referenced by claim number [Claim Number], submitted on [Submission Date]. I received your letter dated [Date of Denial Letter], which stated that my claim was denied due to [briefly state reason for denial].

Upon reviewing your decision, I would like to provide additional information that I believe supports my claim. [Briefly outline any new evidence, explanations, or clarifications that pertain to your condition and how it meets the policy criteria].

I kindly request that you reconsider my claim with this additional information in mind. Attached, you will find [list of additional documents, such as medical records, letters from healthcare providers, etc.]. I believe this documentation verifies my diagnosis and the necessity of the treatment I have received.

Thank you for your attention to this matter. I look forward to your prompt response regarding my appeal. Please do not hesitate to contact me via [your preferred contact method] if you require any further information.

Sincerely,  
[Your Name]