

Appeal for Denied Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Claim: [Claim Number]

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

I am writing to formally appeal the recent decision to deny my insurance claim submitted on [date of claim submission] under policy number [your policy number]. My claim, [claim number], was denied on [date of denial], citing [reason for denial].

Upon reviewing the denial, I believe that my claim meets the criteria outlined in our policy and is deserving of coverage. I have included additional documentation that supports my case, including [briefly list any additional evidence or documents you are providing].

I kindly request a reevaluation of my claim based on the enclosed information. I believe that a thorough review will demonstrate that my situation warrants approval of the claim as initially requested.

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]