

Insurance Payment Appeal Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the recent decision regarding my insurance payment for claim number [Claim Number]. I was informed that my claim was denied on [Date of Denial] due to [Reason for Denial].

I believe this denial was made in error for the following reasons:

1. [Reason 1]

2. [Reason 2]

3. [Reason 3]

To support my appeal, I am including [List any documents you are attaching, e.g., medical records, bills, etc.].

I respectfully request that you reevaluate my claim and provide me with a detailed explanation of your decision. I rely on my insurance coverage and hope to resolve this matter swiftly.

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

Sincerely,

[Your Name]