

Health Insurance Reimbursement Dispute

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

[Date]

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

Subject: Dispute of Reimbursement Claim #[Claim Number]

Dear [Claims Department/Specific Contact Name],

I am writing to formally dispute the denial of my health insurance reimbursement claim #[Claim Number], which was submitted on [Submission Date]. The claim was denied on [Denial Date], and I believe this decision needs to be reviewed.

Details of the Claim:

- Patient Name: [Patient Name]
- Policy Number: [Policy Number]
- Date(s) of Service: [Date(s) of Service]
- Provider Name: [Provider Name]

The reason provided for the denial was [Denial Reason]. However, I believe this is incorrect due to the following reasons: [Explain your reasons clearly and concisely, providing any necessary supporting documents].

I am requesting a reconsideration of my claim based on the information provided and would appreciate your prompt attention to this matter. Enclosed, please find [list any enclosed documents such as medical records, previous correspondence, etc.].

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

Sincerely,
[Your Name]