

Health Insurance Claim Appeal for Urgent Treatment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Appeal for Claim Denial #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my health insurance claim #[Claim Number] for urgent medical treatment received on [Date of Treatment]. The treatment was necessary due to [briefly explain health condition and urgency].

The denial letter I received on [Date Denial Letter Received] stated that the claim was denied due to [reason given for denial]. However, I believe this decision warrants reconsideration because [provide explanation and supporting details].

Attached are the relevant documents, including [list any attachments such as medical records, bills, letters from healthcare providers, etc.]. I kindly ask that you review my appeal along with these documents, as the treatment was not only imperative but also aligned with my policy coverage.

Thank you for your time and consideration of this appeal. I look forward to your prompt response as I am reliant on the support provided by my health insurance plan during this challenging time.

Sincerely,

[Your Name]

[Policy Number]