

Health Insurance Claim Denial Appeal

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name

Claims Department
Insurance Company Address
City, State, Zip Code

Dear Claims Department,

I am writing to formally appeal the denial of my health insurance claim (Claim Number: [Insert Claim Number]), which was denied on [Insert Denial Date]. The denial letter indicated that the claim was rejected due to [briefly state the reason for denial].

I believe the claim was misinterpreted and I am providing additional documentation to support my appeal, including [list any new evidence or documentation]. According to my understanding of my policy and the situation surrounding the claim, I believe that the services received should be covered.

I kindly request a reconsideration of my claim. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]