

Health Insurance Claim Denial Challenge

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Challenge of Claim Denial - [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally challenge the denial of my health insurance claim referenced above, which was submitted on [date of submission]. The denial was communicated to me on [date of denial notice] and stated that [insert reason for denial].

I believe this denial is unwarranted due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Additional justification or supporting evidence]

I have attached the relevant documentation, including [list any enclosed documents, e.g., medical records, bills, previous correspondence], to support my case for reconsideration.

I kindly request a review of my claim and a reassessment based on the circumstances outlined above. Please contact me at your earliest convenience to discuss this matter further.

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

Sincerely,

[Your Name]