

Health Insurance Claim Denial Explanation Request

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

[Date]

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

Dear Claims Department,

I am writing to request a detailed explanation regarding the denial of my recent health insurance claim, referenced under claim number **[Claim Number]**, submitted on **[Submission Date]**.

According to the statement I received, my claim was denied due to **[Reason for Denial]**. I would appreciate a more thorough explanation of this decision, including any specific policy provisions or guidelines that were cited in your evaluation.

Additionally, if there are any additional documents or information required from my side for a re-evaluation of this claim, please let me know.

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

Sincerely,

[Your Name]