

Health Insurance Claim Denial Follow-Up

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Follow-Up on Claim Denial - Claim Number [Claim Number]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to follow up regarding the denial of my recent health insurance claim (Claim Number: [Claim Number]), submitted on [Submission Date]. I received a notification on [Denial Date] stating that my claim was denied due to [Reason for Denial].

After reviewing the details, I would like to request a re-evaluation of my claim. [Optional: Briefly explain any additional information or evidence you wish to provide, if applicable.]

Please let me know if any further information is needed from my side. I would appreciate a prompt resolution to this matter, as it has significant implications for my healthcare expenses.

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

Sincerely,

[Your Name]