

Inquiry Regarding Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Inquiry on Denial of Claim [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally inquire about the denial of my recent health insurance claim (Claim Number: [Claim Number]), submitted on [Claim Submission Date]. I received a denial notice dated [Date of Denial Notice], and I would like to understand the reasons behind this decision.

In your letter, it was stated that the claim was denied due to [Brief Reason for Denial]. However, I believe this decision may have been made based on incomplete information or misunderstanding of my medical situation. I have attached the relevant documentation including [List any specific documents you are attaching] for your review.

I kindly request a detailed explanation of the denial, as well as your specific criteria for coverage in this instance. Additionally, I would appreciate any guidance on how I can appeal this decision or provide further information that may assist in resolving this matter.

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

Sincerely,

[Your Name]