

# Health Insurance Claim Denial Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Reviewer,

I am writing to formally request a reconsideration of the denial of my health insurance claim for the services rendered on [insert date of service]. My claim number is [insert claim number].

Upon reviewing the denial letter dated [insert date of denial letter], I believe that my claim was incorrectly denied due to [briefly state the reason given for denial]. I have attached additional documentation that supports my case, including [list any attached documents, such as bills, medical records, letters from providers, etc.].

The services provided were medically necessary, and as per my understanding of my policy [briefly explain relevant policy details or coverage]. I kindly ask that you review my case again in light of this additional information.

Thank you for your attention to this matter. I look forward to your prompt response and hope for a favorable resolution.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]