

Health Insurance Claim Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Health Insurance Claim #[Claim Number]

Dear [Claim Adjuster's Name or "Claims Department"],

I am writing to formally dispute the denial of my health insurance claim #[Claim Number] dated [Claim Date]. I believe that this claim was improperly denied based on [reason for denial, e.g., "lack of medical necessity," "incorrect coding," etc.].

According to my understanding of my policy and the documentation I have provided, I am entitled to benefits for the services rendered. I have attached relevant documents including [list documents, e.g., "medical records, bills, and previous correspondence"].

I kindly request that you review my claim again and provide a detailed explanation of the denial. I appreciate your prompt attention to this matter and look forward to resolving it amicably.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]