

Health Insurance Claim Rejection Response

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: Response to Claim Rejection - Claim Number: [Insert Claim Number]

Dear [Insurance Representative's Name],

I am writing to formally respond to the letter dated [Insert Rejection Date] regarding the rejection of my health insurance claim (Claim Number: [Insert Claim Number]). I appreciate your prompt communication; however, I would like to address the reasons stated for the rejection.

According to your letter, the claim was denied due to [insert reason for denial]. I believe that the services I received were covered under my policy, as they were [insert brief explanation or counter-argument].

I kindly request a reconsideration of my claim based on the following supporting information:

- [Insert supporting document or information 1]
- [Insert supporting document or information 2]
- [Insert supporting document or information 3]

Thank you for your attention to this matter. I look forward to your favorable reconsideration of my claim. Please do not hesitate to reach me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]