

Insurance Claim Denial Appeal

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Subject: Appeal for Denied Medical Expense Claim

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]) for medical expenses incurred on [Date of Service].

The initial denial letter received on [Date of Denial] stated that my claim was denied due to [specific reason mentioned in the denial letter]. However, I believe this decision was made in error because [provide brief explanation supporting your appeal].

I have attached the following documents to support my appeal:

- Copy of the denial letter
- Medical bills and receipts
- Doctor's notes and recommendations
- Any other relevant documentation

Given the circumstances, I kindly request a reconsideration of my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]