

Insurance Claim Denial Appeal

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your Phone Number: [Insert Your Phone Number]

Your Email: [Insert Your Email]

To: [Insurance Company Name]

Claims Department

[Insurance Company Address]

Re: Appeal of Denial for Claim #[Insert Claim Number]

Dear [Claims Manager's Name],

I am writing to formally appeal the denial of my travel insurance claim, reference number [Insert Claim Number], which was submitted on [Insert Submission Date] and denied on [Insert Denial Date]. The reason given for the denial was [Insert Reason for Denial].

I believe this decision was made in error because [Insert Explanation Supporting Your Appeal]. Enclosed with this letter are additional documents that support my claim, including [List Enclosed Documents].

I kindly request a review of my case and reconsideration of your decision. I have always valued the services provided by [Insurance Company Name] and hope to resolve this matter amicably.

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

Sincerely,

[Your Name]

[Your Policy Number]