

# Appeal Letter for Denied Insurance Claim

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, ZIP Code]

## **Subject: Appeal for Denied Insurance Claim - Policy Number [Your Policy Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Claim Number]) submitted on [Submission Date], regarding [Brief Description of the Claim]. I was notified of the denial on [Date of Denial Notification], which I believe was made in error.

According to the denial letter, the claim was denied due to [Reason for Denial]. However, I would like to provide additional information that supports my position. [Briefly explain why you believe the denial was incorrect and include any accompanying evidence, such as receipts, medical records, or expert opinions.]

I respectfully request that you review the details of my claim along with the additional information provided. I am hopeful that upon reevaluation, you will find that my claim should be approved.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]