

Letter of Demand for Reconsideration

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]

Dear [Claims Adjuster/Insurance Company],

Subject: Demand for Reconsideration of Claim Denial - Claim #[Insert Claim Number]

I am writing to formally request a reconsideration of the denial of my insurance claim dated [Insert Claim Date]. The claim was denied on [Insert Denial Date], and the reason provided was [Insert Reason for Denial]. After reviewing the policy and the circumstances surrounding the claim, I believe this decision warrants reevaluation.

According to my understanding of the policy, [Insert relevant policy details]. Furthermore, [Insert additional arguments or evidence supporting claim]. Enclosed are copies of supporting documentation to further illustrate my position.

I kindly ask that you review my claim once again and provide a written response at your earliest convenience. I trust that upon reconsideration, you will find merit in my claim.

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

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]

Enclosures: [List any documents you are including]