

Dispute Letter for Denied Insurance Claim

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Claims Department]
[Insurance Company Address]
[City, State, Zip Code]

Re: Dispute of Claim Denial - Policy Number: [Insert Policy Number]
Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the denial of my insurance claim submitted on [Insert Date of Claim Submission], regarding [Brief Description of Claim]. I was informed on [Insert Date of Denial] that my claim was denied, and I would like to provide additional information for your reconsideration.

According to [Insert Reason for Dispute, e.g., my understanding of the policy terms, documentation provided, etc.], I believe my claim should be eligible for coverage. Enclosed are copies of [List Enclosures, such as policy documents, correspondence, etc.], which support my position.

I kindly request that you review this information and reconsider my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,
[Your Name]