

Formal Complaint Regarding Insurance Claim Denial

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company's Name

Claims Department
Company Address
City, State, Zip Code

Dear [Claims Manager's Name],

I am writing to formally contest the denial of my insurance claim (Claim Number: [Your Claim Number]) submitted on [Submission Date]. After reviewing the denial notice received on [Denial Date], I believe the decision was made in error.

According to my policy ([Policy Number]), my claim meets the outlined coverage requirements. I have attached supporting documents which include [mention any attached documents, e.g., medical reports, receipts, correspondence]. I kindly request a detailed explanation of the reasons for the denial and a thorough reevaluation of my claim.

Please treat this letter as a formal complaint, and I expect a response within 30 days as per the regulations governing claims handling. My contact information is provided above, and I look forward to your prompt attention to this matter.

Thank you for your time, and I hope to resolve this issue amicably.

Sincerely,
[Your Name]