

Grievance Letter for Claim Rejection

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

[Insurer's Name]
[Insurer's Address]
[City, State, Zip Code]

Dear [Insurer's Claims Department],

I am writing to formally express my grievance regarding the rejection of my insurance claim [Claim Number] submitted on [Submission Date]. Despite providing all necessary documentation and details, I received a denial letter dated [Denial Date], referencing [Reason for Rejection].

I believe the claim was valid and request a thorough review of the supporting documents I submitted, including [Briefly List Key Documents]. According to my understanding of the policy, [Briefly Explain Your Understanding Related to the Claim].

I kindly ask for a re-evaluation of my claim and for the issuance of a written explanation for the original decision. Please feel free to contact me at [Phone Number] or [Email Address] should you require any additional information to process this grievance.

Thank you for your attention to this matter.

Sincerely,

[Your Name]