

Letter of Objection

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally object to the denial of my insurance claim (Claim Number: [Insert Claim Number]) that was submitted on [Insert Submission Date]. I received your denial letter dated [Insert Denial Letter Date], and I believe this decision warrants further consideration.

Based on the information provided to you, I was surprised to learn that my claim was denied. [Briefly outline the reasons for your objection and reference any supporting documents or evidence.] I have attached [list any documents like bills, photos, etc.] for your review.

I kindly request that you re-evaluate my claim in light of this additional information. I believe that the circumstances surrounding this claim merit a reconsideration. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time.

Sincerely,

[Your Name]