

Protest Against Claim Denial

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

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

Dear Claims Department,

I am writing to formally protest the denial of my insurance claim (Claim Number: [Your Claim Number]) submitted on [Date of Submission]. I respect your position; however, I believe my claim was unjustly denied based on [briefly state reason given for denial].

According to my understanding, as per my policy [Policy Number or Description], I should be entitled to coverage for [mention specific situation, treatment, or loss]. I have attached relevant documentation to support my position, including [list documents, such as medical reports, receipts, or policy excerpts].

I kindly request that you review my case again and consider the information provided. I believe a thorough investigation will verify that the claim is valid and should be approved.

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)]