

Request for Review of Insurance Claim Denial

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally request a review of the denial of my insurance claim (Claim Number: [Your Claim Number]) dated [Date of Claim Denial]. I believe that my claim was unfairly denied and would like to present additional information for your consideration.

According to your correspondence, the claim was denied based on [specific reason given for denial]. However, I would like to provide the following information that supports my case: [Briefly outline any additional evidence or reasons why the claim should be approved].

I have attached [mention any supporting documents, if applicable] for your review. I trust this information will clarify any misunderstandings regarding my claim.

Please let me know if there are any additional steps I need to take or further documentation I need to provide. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time.

Sincerely,
[Your Name]