

Insurance Claim Appeal Denial Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Insurance Claim - [Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim [Claim Number] that was submitted on [Date of Claim Submission]. I received your letter dated [Date of Denial Letter] indicating that my claim has been denied due to [briefly state the reason for denial].

After reviewing the provided reasons for the denial, I would like to contest this decision. [Briefly provide your reasoning or any supporting evidence that counters the denial. Include any additional documentation, if applicable.]

I believe that my claim meets the necessary requirements as stipulated in my policy and I respectfully request that you re-evaluate the details of my case. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for considering my appeal. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any further information.

Sincerely,

[Your Name]