

# Appeal Letter for Health Insurance Claim Denial

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

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

## **Subject: Appeal for Denied Claim #[Claim Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my health insurance claim #[Claim Number] dated [Date of Denial]. I have reviewed the denial letter and believe that my claim was incorrectly denied, as [briefly explain reason for appeal].

Attached to this letter are the documents supporting my appeal, including [list any enclosed documents, e.g., medical records, bills, note from the doctor]. I kindly request that you review my case in light of this additional information.

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution to my appeal.

Sincerely,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]