

Health Insurance Denial Dispute Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Health Insurance Denial - [Claim Number]

Dear [Claims Department/Specific Person's Name],

I am writing to formally dispute the denial of my health insurance claim referenced above, which was communicated to me in the letter dated [Insert Denial Letter Date]. I believe that this denial was made in error and would like to provide further information for your reconsideration.

[Briefly explain your situation, the services received, and why you believe the denial is incorrect, including relevant dates and provider information.]

According to [specific policy guidelines, statutes, or regulations], I believe this claim should be covered for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I have attached relevant documentation, including [list documents, e.g., medical records, bills, previous correspondence], which support my case. I kindly request that you review this evidence and reverse your decision.

Please confirm the receipt of this letter and provide me with an update on the status of my dispute. I appreciate your prompt attention to this matter.

Sincerely,

[Your Name]