

Letter of Explanation for Contested Health Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Subject: Explanation for Contesting Claim # [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally contest the denial of my health insurance claim, number [Claim Number], which was submitted on [Date of Submission]. The claim was denied on [Date of Denial] on the grounds of [Reason for Denial].

I believe this claim should be covered as I [provide a brief explanation of why you believe the claim is valid, referencing your policy details, medical necessity, etc.]. Attached are the relevant documents, including [list any attached documents: medical records, bills, previous correspondence, etc.], that support my position.

Additionally, I would like to request a detailed explanation of the reasons for the denial, as well as the specific terms of my policy that were referenced in the decision. I value my coverage with [Insurance Company Name], and I hope to resolve this matter amicably and quickly.

Thank you for your attention to this matter. I look forward to your prompt response so we can discuss this situation further.

Sincerely,

[Your Name]