

Follow-Up Letter for Denied Health Insurance Benefits

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Follow-Up on Denied Claim #[Claim Number]

Dear [Insurance Company Representative/Claims Adjuster's Name],

I am writing to follow up regarding my recent claim #[Claim Number], submitted on [Submission Date], which was denied on [Denial Date]. I appreciate your correspondence regarding this matter but would like to seek further clarification and reconsideration of my claim.

According to the denial letter dated [Denial Letter Date], the grounds for denial were [Briefly state reasons for denial]. However, I believe that [Provide your reasoning and any additional information supporting your case].

I would greatly appreciate if you could review my claim again in light of this additional information. If needed, I am willing to provide any further documentation or speak with a representative directly to resolve this issue.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]