

Formal Appeal Letter Against Health Insurance Denial

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Formal Appeal for Claim Denial - [Policy Number]

Dear [Insurance Company Claims Department],

I am writing to formally appeal the denial of my health insurance claim dated [Date of Denial]. My policy number is [Policy Number]. I was disappointed to receive your letter stating that my claim was denied based on [reason stated in denial letter].

My medical provider, [Provider's Name], recommended [specific treatment or service] on [date of service], which was necessary due to [brief explanation of the medical condition]. I believe this service should be covered under my plan as it adheres to the guidelines outlined in [specific policy or benefit coverage].

Enclosed with this letter are additional documents, including [list any documents: medical records, bills, letters from healthcare providers, etc.], that support my case and demonstrate the necessity of the [treatment/service]. I request that you review this information and reconsider your decision.

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]