

Inquiry Regarding Health Insurance Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to inquire about the recent denial of my health insurance claim, reference number [Claim Number], which was submitted on [Submission Date]. I was notified of the denial on [Denial Date], and I would like to request further information regarding the reasons behind this decision.

It is crucial for me to understand the basis of the denial so that I can provide any necessary documentation or clarify any misunderstandings. Additionally, if there is an appeals process available, I would like to be informed about the steps I need to take.

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

Sincerely,

[Your Name]

[Your Policy Number]