

Letter of Objection to Health Insurance Claim Rejection

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Objection to Claim Rejection - Claim Number: [Your Claim Number]

I am writing to formally object to the rejection of my health insurance claim submitted on [Date of Claim Submission]. The claim, related to [brief description of the service or treatment], was denied on [Date of Rejection] for the reason stated as [reason for rejection].

Upon reviewing the details, I believe that the claim meets the criteria outlined in my policy for coverage. [Include brief reasoning or explanation, citing specific policy clauses or medical necessity.]

Attached, please find [list any supporting documents enclosed, such as medical records, invoices, or correspondence] to support my objection and demonstrate that the service was necessary and covered under my plan.

I kindly request a thorough reevaluation of my claim. Please let me know if any further information is required to facilitate this process. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]