

Medical Billing Appeal Letter

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

[Date]

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

Subject: Appeal for Claim #[Claim Number]

Dear [Insurance Company Contact/Department],

I am writing to formally appeal the denial of coverage for the medical services I received on [Date of Service] at [Provider's Name/Facility]. The claims were filed under the policy number [Policy Number]. Upon review, I believe that the claim was denied in error.

The services rendered included [list specific services/procedures], which were necessary for my health condition, as documented by my healthcare provider. I have attached supporting documents, including my medical records, the original claim, and any relevant correspondence for your review.

The reason given for the denial was [insert reason for denial]. However, I would like to highlight that [provide your argument or explanation as to why it should be covered].

I kindly request that you review this appeal and reconsider the decision made regarding this claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

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