

Health Insurance Claim Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

Subject: Appeal for Denied Coverage - Claim #[Insert Claim Number]

I am writing to formally appeal the denial of coverage for [specific procedure or treatment] that was submitted under claim #[Insert Claim Number]. I received your notification dated [Insert Date of Denial], which stated that my claim was denied due to [specific reason for denial].

After reviewing my policy and the medical necessity for this treatment as documented by my healthcare provider, I believe that this decision warrants reconsideration. [Briefly explain your situation, referencing specific policy details or medical documentation].

Enclosed with this letter are the following documents for your review:

- Copy of the denial letter
- Medical documentation from [Provider's Name]
- Any additional supporting documents

I appreciate your attention to this matter and hope for a prompt resolution. Please contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]