

# Health Insurance Claim Appeal

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip: [City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

## Insurance Company Name

Insurance Company Address

City, State, Zip

### **Subject: Appeal for Reimbursement of Emergency Room Visit**

Dear Claims Department,

I am writing to formally appeal the denial of my claim (Claim Number: [Claim Number]) for an emergency room visit on [Date of Service]. The visit was necessary due to [brief description of the emergency condition].

According to my health insurance policy, I am entitled to coverage for emergency medical care, and I believe that this claim has been denied in error. I have attached relevant medical documents, including the emergency room discharge summary and any applicable medical records, to support my appeal.

I kindly request a review of this claim and a prompt response to my appeal. Please let me know if you require any further information or documentation to process my appeal.

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

Sincerely,

[Your Name]

[Your Policy Number]