

Health Insurance Claim 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]

Re: Appeal for Claim #[Claim Number]

Dear Claims Department,

I am writing to formally appeal the denial of my claim #[Claim Number], which was submitted on [Date of Service]. I believe that the billing for this claim has been processed incorrectly, and I would like to provide additional information for your review.

The provided service was medically necessary and was rendered by [Provider Name] on [Date of Service]. According to the Explanation of Benefits and my policy, I believe this claim qualifies for coverage.

Attached are copies of the relevant documents, including:

- Explanation of Benefits
- Itemized bill from the provider
- Medical records supporting the necessity of the treatment

I kindly request that you review the documentation and reconsider the claim for coverage. Please let me know if you need any further information.

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

Sincerely,

[Your Name]