

Health Insurance Claim Appeal

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 Claims Review Department,

I am writing to formally appeal the rejection of my claim for inpatient care services provided on [insert date of service] for [patient's full name, if different]. My health policy number is [insert policy number], and the claim number is [insert claim number].

The denial letter I received dated [insert date of denial letter] stated that the claim was rejected due to [insert reason for denial]. However, I believe that this decision was made in error because [insert reason why you believe the claim should be approved, including any relevant details about the medical necessity of the inpatient care].

Attached to this letter are supporting documents, including [list any attached documents such as medical records, letters from healthcare providers, etc.]. I respectfully request that you review the attached information and reconsider the denial of my claim for inpatient care.

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

Sincerely,

[Your Name]