

Health Insurance Claim Appeal

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name

Claims Department
Insurance Company Address
City, State, Zip Code

Re: Appeal for Denied Claim - Policy Number: [Your Policy Number]
Claim Number: [Your Claim Number]

Dear Claims Examiner,

I am writing to formally appeal the denial of my claim for mental health treatment dated [Date of Denial] under claim number [Claim Number]. My provider, [Provider's Name], rendered services on [Date(s) of Service], which I believe to be medically necessary and covered under my plan.

The reason given for the denial was [Briefly state reason for denial]. I respectfully request a reevaluation of my case based on the following points:

- Details of the treatment received, including evidence of necessity
- Supporting documentation from my mental health provider
- Any relevant policy provisions that support coverage

I have attached all pertinent documentation, including the initial claim form, the explanation of benefits, and letters from my provider, to support my appeal. I believe that the decision to deny this claim does not accurately reflect the coverage outlined in my policy, and I urge you to reconsider your position.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information. I look forward to your prompt response to this matter.

Thank you for your attention to my appeal.

Sincerely,
[Your Name]