

Health Insurance Claim Appeal

[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 Adjuster's Name],

I am writing to formally appeal the denial of my health insurance claim #[Claim Number] for out-of-network services rendered on [Date of Service]. The claim was denied on [Date of Denial], stating that the services provided were not covered under my plan.

I believe that these services were necessary for my health and well-being. [Include a brief explanation of why the services were necessary, and any supporting evidence or documents.]

As per my policy, I understand that I can appeal this decision, and I am requesting a review of my claim based on the provided information and additional documentation included with this letter.

Enclosed are copies of relevant documents, including:

- Medical records
- Invoices from the out-of-network provider
- Any correspondence regarding the denial
- [Other supporting documents]

I appreciate your prompt attention to this matter and look forward to your swift response. Please contact me at the above phone number or email should you need any more information.

Thank you for your assistance.

Sincerely,

[Your Name]