

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]

Subject: Appeal for Claim #[Claim Number] - Preventive Service Discrepancy

Dear [Claims Department/Specific Contact Name],

I am writing to formally appeal the denial of coverage for the preventive services rendered on [Date of Service] at [Provider's Name]. My claim #[Claim Number] was denied on the basis that [specific reasons for denial].

As a policyholder with [Insurance Plan Name], I believe that these services should be covered under the preventive benefits outlined in my plan. According to the [specific regulation or guideline, if applicable], preventive services such as [list specific services] are fully covered, and I have met all necessary eligibility requirements.

Enclosed are copies of my medical records, the explanation of benefits, and any other supporting documents that affirm my eligibility for coverage. I kindly request a review of my case and a reconsideration of the denial based on this information.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]