

Health Insurance Claim Appeal for Urgent Care Expenses

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Review Department,

I am writing to formally appeal the denial of my claim (Claim Number: [insert claim number]) for urgent care expenses incurred on [insert date of service]. I believe this claim was denied in error, and I am providing additional information to support my request for reconsideration.

On [insert date of service], I sought urgent care for [briefly describe medical issue]. This visit was necessary due to the severity of my condition, which required immediate attention to prevent further complications. [Include any relevant details about your condition and the urgency of the visit].

According to my policy [insert policy number], urgent care visits are covered in network, and I have provided all necessary documentation, including the receipt and medical records from the urgent care facility.

I kindly request that you review my claim once again with consideration of the urgency of the situation and the supporting documentation provided. I appreciate your prompt attention to this matter and look forward to your favorable response.

Sincerely,

[Your Name]