

Appeal for Denied Health Insurance Claim

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name

Claims Department
Company Address
City, State, Zip Code

Subject: Appeal for Denied Health Insurance Claim - [Claim Number]

Dear [Insurance Company Claims Manager's Name],

I am writing to formally appeal the denial of my health insurance claim, numbered [Claim Number], dated [Date of Denial]. The denial letter stated that [briefly state the reason for denial]. I believe this decision was made in error for the following reasons:

[List your reasons and any supporting evidence, such as a description of the medical necessity, relevant medical records, or policy provisions that support your case.]

I kindly request that you review my claim and consider the attached documentation, which includes [list any documents you are including, such as medical bills, letters from healthcare providers, or relevant policy excerpts].

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution.

Sincerely,
[Your Name]