

Challenge Letter for Insurance Claim Rejection

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Challenge to Claim Rejection - Policy #[Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally challenge the rejection of my insurance claim filed on [insert date of claim] under policy number [insert policy number]. The claim was denied on [insert date of denial] for the reason stated as [insert denial reason].

Upon reviewing the details of my claim, I firmly believe that the decision to deny my claim is unfounded. I have attached supporting documentation, including [list any attached documentation, e.g., medical records, police reports, photographs], that clearly demonstrate my eligibility for coverage under the policy.

I respectfully request a review of my case in light of this new evidence. I am hopeful for a favorable resolution to this matter and would appreciate any further clarification regarding the basis of the denial.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]