

Dispute Letter for Rejected Medical Claim

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Claims Department

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Subject: Dispute of Rejected Medical Claim - Claim No. [Your Claim Number]

Dear Claims Department,

I am writing to formally dispute the rejection of my medical claim (Claim No. [Your Claim Number]), which was submitted on [Date of Submission]. The claim was denied on [Date of Denial] for the reason stated as [Reason for Denial].

I believe that this claim was improperly denied due to [Brief Explanation of Why You Believe the Claim Should Be Approved]. I have enclosed all relevant documents, including [List of Documents Enclosed] to support my position.

In accordance with the terms of my policy, I respectfully request a thorough review of my claim and a reconsideration of the denial decision. If necessary, I am open to providing additional information that may help resolve this matter.

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

Sincerely,

Signature (if sending via mail)

[Your Printed Name]