

Formal Appeal for Denied Health Services Coverage

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name or "Claims Department"],

I am writing to formally appeal the denial of coverage for [specific health service] that was recently submitted under claim number [claim number]. I received notification of the denial on [date of notification], citing [reason for denial].

As outlined in my policy, I believe this service is covered. [Briefly explain why you believe the denial was incorrect, including relevant policy provisions or medical necessity].

Attached to this letter are [list any supporting documents you are including, e.g., medical records, letters from healthcare providers, etc.]. I respectfully request that you review my case and reconsider your decision.

Thank you for your attention to this urgent matter. I look forward to your prompt response and resolution of my appeal. Please do not hesitate to contact me at [your phone number] or [your email address] if you need any further information.

Sincerely,

[Your Name]