

# Protest Letter Against Denied Health Insurance Benefits

[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 protest the denial of my health insurance benefits related to [specific service or treatment] as indicated in your letter dated [date of denial notice]. My policy number is [policy number].

According to the documentation provided, my claim was denied due to [reason for denial]. However, I believe that this decision does not accurately reflect the medical necessity of the care I required, as documented by my healthcare provider, [Provider's Name].

I request a thorough review of my case and all related medical records. I am prepared to provide any additional information needed to support my claim. I believe that a reconsideration of the details will lead to a favorable outcome.

Please inform me of the next steps in this process and the timeframe for your review. I look forward to your prompt response to resolve this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]