

Request for Reconsideration

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Date]

Subject: Request for Reconsideration of Denial of Health Coverage

Dear [Insurance Company Contact/Claims Department],

I am writing to formally request a reconsideration of your decision to deny my health coverage for [specific treatment/service or procedure]. My policy number is [Policy Number], and the claim number associated with this denial is [Claim Number].

Your initial denial letter dated [Date of Denial Letter] stated that [reason for denial]. However, I believe that this decision does not accurately reflect the medical necessity of the treatment/service as prescribed by my healthcare provider, Dr. [Doctor's Name].

Attached, you will find supporting documentation, including [list any relevant documents, e.g., medical records, a letter from your doctor, etc.], which I hope will clarify and support my case for approval.

I urge you to review this information, as I firmly believe that the requested coverage is essential for my health and wellbeing. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]