

# Appeal Letter for Health Insurance Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Health Insurance Claim - [Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of my health insurance claim (Claim Number: [Claim Number]) dated [Date of Denial Letter]. The denial was based on [briefly describe reason given for denial].

I believe that my claim should be covered because [provide reasons, additional information, or any supporting documentation]. My treatment was medically necessary as prescribed by my healthcare provider, [Provider's Name], and [any additional supporting arguments].

Enclosed are [list any documents you are attaching, such as medical records, bills, and correspondence] that support my case. I respectfully ask that you review this information as well as my previous medical history and reconsider the decision regarding my claim.

Thank you for your attention to this matter. I hope to resolve this issue promptly. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Sincerely,

[Your Name]