

Health Insurance Claim Dispute Letter

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number

Date: [Insert Date]

Insurance Company Name

Claims Department
Insurance Company Address
City, State, Zip Code

Subject: Dispute of Claim #[Claim Number]

Dear Claims Department,

I am writing to formally dispute the denial of my health insurance claim #[Claim Number] submitted on [Submission Date]. I believe this claim has been incorrectly processed and require a review of the documentation.

The reasons provided for the denial were [briefly state the reason for denial]. I have attached supporting documents, including [list of attached documents]. These should corroborate my case and justify the coverage under my policy.

I request a prompt review of my case and a reconsideration of your initial decision. Please inform me of the next steps in the claims process, and do not hesitate to contact me if you need further information.

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

Sincerely,
[Your Name]