

Appeal Process Initiation Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Claim Department Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Claim - [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally initiate the appeal process for my recently denied claim (Claim Number: [Claim Number]), dated [Date of Denial]. I believe that my claim was unfairly denied, and I would like to present the reasons for my appeal.

According to the denial letter received on [Date of Denial Letter], the claim was rejected due to [brief reason for denial]. I dispute this decision because [briefly explain your reasons and any supporting evidence].

I kindly request a thorough review of my claim and supporting documents, including [list any documents you are including or wish to include, e.g., medical records, receipts, etc.].

Thank you for your attention to this matter. I look forward to your prompt response and a fair reassessment of my claim.

Sincerely,

[Your Name]

[Your Policy Number]