

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Appeal for Claim #[Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] submitted on [Submission Date] for [Description of the Claim]. I believe that my claim should be reconsidered based on the documentation provided.

Enclosed with this letter are the following documents to support my appeal:

- [Document 1 Description]
- [Document 2 Description]
- [Document 3 Description]

I appreciate your attention to this matter, and I kindly request a prompt review of my appeal. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Sincerely,

[Your Name]