

# Appeal Letter for Account Ownership Determination

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

Health Insurance Company Name

Company Address

City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally appeal the determination made regarding my health insurance account ownership for policy number [insert policy number]. I received a notice on [insert date], which stated that I am not recognized as the owner of the account.

As evidence of my ownership, I have attached the following documents:

- Copy of the original policy document
- Proof of identity (e.g., driver's license or passport)
- Any relevant correspondence regarding my account

I kindly request a thorough review of my case, as I believe the initial determination to be an error. I appreciate your prompt attention to this matter and look forward to your timely response.

Thank you for your understanding.

Sincerely,

[Your Name]