

Health Insurance Denial Appeal

[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 Denial of Preventative Care Services - [Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of coverage for preventative care services rendered on [Date of Service]. My policy number is [Policy Number]. I was informed that the denial was based on [specific reason for denial].

According to [insert relevant policy guidelines, state laws, or federal regulations], I believe that this service qualifies for coverage as it is a preventative measure that contributes to my overall health and well-being.

Enclosed are the documents supporting my appeal, including [list documents, e.g., medical records, letters from healthcare providers, etc.]. I kindly request that you review this information and reconsider the decision regarding my claim.

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

Sincerely,

[Your Name]