

Letter of Appeal for Emergency Treatment Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Claim - Policy #[Your Policy Number]

Claim Number: [Claim Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of coverage for emergency treatment that I received on [Date of Treatment] at [Hospital/Provider Name]. I was informed that my claim was denied on [Date of Denial] based on [Reason for Denial].

According to my understanding of my policy benefits, emergency services are covered when immediate medical attention is required. The treatment received was necessary due to [Brief Description of Medical Emergency], which was a critical situation as validated by the attending physician's reports attached herein.

Attached are the relevant documents, including:

- Copy of the denial letter
- Medical records from [Hospital/Provider Name]
- Invoice for services rendered
- Any additional supporting documentation

I respectfully request that you review my case and reconsider your decision regarding the coverage of my emergency treatment. I believe that the circumstances warrant coverage as per the terms outlined in my health insurance policy.

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]