

Appeal for Health Insurance Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Appeal of Denial for Hospitalization Costs - Claim # [Claim Number]

Dear [Claims Processor's Name],

I am writing to formally appeal the denial of coverage for hospitalization costs associated with my recent stay at [Hospital Name] from [Start Date] to [End Date]. My insurance claim, #[Claim Number], was denied on [Date of Denial] due to [Brief Reason for Denial].

After careful review of my medical records and the treatment I received, I believe that this denial was made in error. [Provide a brief description of your medical condition, treatment received and the necessity of hospitalization].

I have included the following documents to support my appeal:

- Copy of the denial letter
- Medical records and doctor's notes
- Itemized bill from the hospital
- Any other relevant documentation

Given the compelling evidence of medical necessity, I respectfully request that you reconsider your decision and approve coverage for my hospitalization costs. I appreciate your prompt attention to this matter and look forward to your positive response.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]