

# 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]

## **Subject: Appeal for Denied Claim - [Claim Number]**

Dear [Claims Department/Appropriate Recipient's Name],

I am writing to formally appeal the denial of my claim for out-of-network services received on [Date of Service] at [Provider's Name]. The claim number is [Claim Number]. According to the denial letter dated [Denial Letter Date], the services were denied due to [briefly state the reason given for denial].

I believe this denial was made in error for the following reasons:

- [Reason 1: Include specific details or policy references]
- [Reason 2: Include supporting evidence or documentation]
- [Reason 3: Additional arguments as necessary]

I have enclosed copies of relevant documents including [List any enclosed documents such as bills, medical records, letters, etc.]. I kindly request that you review these materials in support of my appeal.

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

Sincerely,

[Your Name]

[Policy Number]