

Letter of Dispute Regarding Insurance Coverage

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Adjuster Name
Insurance Company Name
Company Address
City, State, Zip Code

Dear [Claims Adjuster Name],

I am writing to formally dispute the decision regarding my insurance claim, reference number [Claim Number], filed on [Date of Claim]. I believe that the determination made by your company regarding the coverage has not been supported by a thorough investigation.

After reviewing the findings and the evidence provided, I have identified several key elements that I feel were insufficiently examined:

- Detail of evidence submitted that was overlooked.
- Information that contradicts the initial findings.
- Additional documents or witnesses that support my position.

I respectfully request a reevaluation of my claim based on a more comprehensive investigation into these aspects. I believe that a fair review will lead to a resolution favorable to my position and in alignment with my coverage terms.

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

Sincerely,

[Your Name]