

Letter of Dispute Regarding Unfair Treatment in Insurance Coverage

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name or Customer Service Manager],

I am writing to formally dispute the recent decision made regarding my insurance claim (Claim Number: [Insert Claim Number]). I believe that I have been treated unfairly and that the terms of my policy have not been adequately honored.

On [Date of Claim Filing], I submitted a claim for [brief description of the claim]. According to my insurance policy, I am entitled to [brief description of the relevant coverage]. However, your recent communication dated [Date of Denial Letter or Communicated Decision] denied my claim based on [specific reasons provided by the insurance company].

I find this decision unjust because [insert details of why you feel the decision is unfair, including any overlooked facts, coverage details, or supporting documentation]. I have attached [list any documents you are including as evidence, such as previous correspondence, policy documents, etc.].

I respectfully request a detailed review of my claim and the reason for its denial. I seek a fair resolution that aligns with my policy's stated coverage. I trust that you will give this matter the attention it deserves.

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

Sincerely,

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