

# Insurance Coverage Dispute Letter

Date: **[Insert Date]**

**[Your Name]**  
[Your Address]  
[City, State, Zip Code]

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

Subject: Dispute of Denied Claim - Policy Number: **[Your Policy Number]**

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

I am writing to formally dispute the denial of my insurance claim (Claim Number: **[Your Claim Number]**) submitted on **[Submission Date]**. I was notified of the denial on **[Denial Notification Date]** due to **[Reason for Denial]**.

After reviewing my policy and the details surrounding the claim, I believe that this decision is incorrect. According to **[Relevant Policy Clause or Statement]**, I am entitled to coverage for this incident.

To support my case, I have attached the following documentation:

- Copy of the original claim
- Correspondence related to the claim
- [Other supporting documents]

I respectfully request a review of my denied claim and a prompt response. Please contact me at **[Your Phone Number]** or **[Your Email Address]** should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

**[Your Name]**