

# Insurance Coverage Dispute Letter

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Insurance Coverage Denial Related to Pre-existing Conditions

Dear [Insurance Company Representative Name],

I am writing to formally dispute the denial of coverage for [specific treatment/procedure] under my insurance policy, [policy number], which was attributed to a pre-existing condition.

On [date of denial], I received a notification from your office stating that my claim was denied due to [specific reason related to pre-existing condition]. I believe this decision is unjustified based on the following reasons:

- [Reason 1: Explain why you believe the pre-existing condition clause does not apply]
- [Reason 2: Provide any supporting medical documentation or statements]
- [Reason 3: Mention any relevant policy provisions that support your case]

I have enclosed copies of [any relevant documents, such as medical records, previous correspondence, etc.] to support my claim.

I request that you review my case again in light of the information provided. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]