

Letter of Dispute: Insurance Coverage for Service Exclusions

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the denial of coverage for [specific services or procedure] under my insurance policy [policy number]. The denial letter dated [date of denial] cites [reason for denial] as the basis for exclusion.

According to my understanding of the policy terms, [explain why you believe the services should be covered]. I have [briefly mention any supporting documents or evidence, e.g., medical records, expert opinions, etc.].

I kindly request a thorough review of my case and a reconsideration of the decision made. Please find attached [list any documents you are including with the letter].

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]