

Medical Insurance Appeal Letter Template

Your Name

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

Insurance Company Name

Attn: Appeals Department
Insurance Company Address
City, State, Zip Code

Re: Appeal for Coverage Denial - Policy Number: [Your Policy Number]

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for [specific treatment, service, or medication] that was communicated to me via [method of communication, e.g., letter, email] on [date of denial]. My policy number is [Your Policy Number], and the claim number associated with this denial is [Claim Number].

The reason provided for the denial was [specific reason stated by the insurance company]. I believe this decision was made in error because [provide specific evidence, medical necessity, or supporting information].

Enclosed, please find [list any supporting documents you are including, e.g., medical records, letters from healthcare provider, etc.] that support my request for coverage.

I kindly ask you to reconsider this decision and provide coverage for [specific service or treatment]. I look forward to your prompt response to this matter.

Thank you for your attention to this appeal.

Sincerely,
[Your Name]