

Insurance Claims Appeal Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Appeal for Claim Denial - Policy #[Your Policy Number]

Dear [Claims Adjuster's Name or Insurance Company],

I am writing to formally appeal the recent denial of my insurance claim (Claim Number: [Claim Number]) dated [Date of Denial]. I believe that my claim was denied due to [brief explanation of reason provided by the insurer], and I would like to provide additional documentation to support my case.

Attached to this letter, you will find the following documents that I believe will clarify and substantiate my claim:

- [Document 1]
- [Document 2]
- [Document 3]

Given the circumstances surrounding my claim, I respectfully request that you review the additional information provided and reconsider your previous decision. I believe that my claim aligns with the terms of my policy.

Thank you for your attention to this matter. I look forward to your prompt response and hope for a favorable resolution. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]