

Letter of Appeal for Deductible Change

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request a review and reconsideration of my current deductible amount under policy number [Your Policy Number].

Due to [briefly explain your reason, such as financial hardship, recent medical expenses, etc.], I am finding it increasingly challenging to manage my current deductible. I believe that a reduction in my deductible amount would greatly assist me in maintaining my coverage and managing my healthcare needs effectively.

Enclosed with this letter are supporting documents that outline my current financial situation and the reasons for my appeal.

I kindly request that you review my appeal and consider adjusting my deductible to a more manageable amount. I am willing to provide any further information you may need to assist in this process.

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

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]