

Deductible Reconsideration Request

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

Insurance Company Name
Claims Department
Company Address
City, State, Zip Code

Dear Claims Adjuster,

Subject: Request for Reconsideration of Deductible - Policy Number: [Your Policy Number]

I am writing to formally request a reconsideration of the deductible applied to my recent claim (Claim Number: [Your Claim Number]) submitted on [Date of Claim]. I believe that the deductible amount assessed may not accurately reflect my circumstances due to [briefly explain the reason for reconsideration].

According to my understanding of the terms of my policy and the details surrounding my claim, I would like to provide the following information for your review:

- [Detail 1]
- [Detail 2]
- [Detail 3]

I appreciate your attention to this matter and look forward to your prompt response. I am hopeful for a favorable reconsideration regarding the deductible applied to my claim.

Thank you for your assistance.

Sincerely,
[Your Name]