

Insurance Claim 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 Denied Insurance Claim - Claim Number [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Claim Number]) dated [Date of Claim]. I have reviewed the reasons for the denial outlined in your letter dated [Date of Denial Letter], and I believe that my claim deserves a reevaluation based on the following points:

[Clearly state each point or piece of evidence that supports your case. Include any additional documentation that was not initially provided. For example:]

1. [Point 1] - [Explanation]
2. [Point 2] - [Explanation]
3. [Point 3] - [Explanation]

I have attached supporting documents such as [list documents] for your review. I kindly request that you reconsider my claim based on this new information.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to my appeal.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]