

Insurance Claim Review Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Subject: Appeal for Additional Documentation for Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the review decision regarding my insurance claim #[Claim Number] submitted on [Date of Claim Submission]. I understand that additional documentation is required to process my claim further.

Enclosed with this letter, please find the necessary documents that support my appeal. These include:

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

I request that you reassess my claim with the provided documents. Should you require any further information or additional documentation, please feel free to contact me directly at [Your Phone Number] or [Your Email].

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

Sincerely,

[Your Name]