

# Insurance Policy Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request a review and adjustment of my insurance policy, specifically regarding the denial I received on [insert denial date] for my claim, reference number [insert claim number].

After reviewing the information provided to me regarding the denial, I believe that there may have been an oversight. I would like to provide additional documentation and information that support my claim, which I have enclosed with this letter.

Please find attached the following documents:

- [Document 1]

- [Document 2]

- [Document 3]

I kindly request that my claim be reconsidered in light of this new information. I am hopeful for a prompt response and a resolution to this matter, as I have been a loyal customer of [Insurance Company Name] for [insert duration].

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

Sincerely,

[Your Name]