

# Insurance Reimbursement Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Appeal for Denied Reimbursement - Claim #[Insert Claim Number]**

Dear [Insurance Company's Appeals Department],

I am writing to formally appeal the denial of my reimbursement claim for medical expenses incurred on [Insert Date of Service]. The claim number is [Insert Claim Number]. I believe the denial was made in error as the services provided were covered under my policy.

Details of the denied claim are as follows:

- **Date of Service:** [Insert Date]
- [Insert Provider Name]
- **Description of Service:** [Insert Description]
- **Total Amount Billed:** [Insert Amount]

I have attached relevant documentation that supports my claim, including copies of the medical bills, the explanation of benefits (EOB), and any other pertinent information.

According to my policy, [Insert specific policy details or reasons why you believe the claim should be covered]. I request that you re-evaluate my claim based on the information provided.

Please confirm receipt of this appeal and provide a timeline for your review process. I appreciate your prompt attention to this matter and look forward to your favorable response.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Policy Number]