

# Appeal for Insurance Policy Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

Dear [Insurance Provider's Contact Person],

I am writing to formally appeal the denial of coverage under my employer's insurance policy [Policy Number], as detailed in your letter dated [Date of Denial].

According to your correspondence, my claim was denied on the grounds of [Reason for Denial]. However, I believe this decision was made in error because [Provide a brief explanation and supporting information].

Enclosed are documents that support my appeal, including [List any attached documents such as medical records, bills, or previous correspondence].

I kindly request a reconsideration of my claim based on this new information. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information or clarification.

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

Sincerely,

[Your Name]