

Letter of Dispute Regarding Health Insurance Decision

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Employer's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally dispute the recent decision regarding my health insurance claim dated [date of decision]. I believe that the decision made was in error and would like to request a review of my case.

The details of my claim are as follows:

- Claim Number: [Claim Number]
- Date of Service: [Date of Service]
- Description of Service: [Description of Service]

According to my understanding of the plan benefits and coverage, this service should be covered under my health insurance policy. I have attached all relevant documentation supporting my case, including [list of attached documents].

I would appreciate a thorough review of my dispute and a prompt response regarding the resolution of this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your attention to this matter.

Sincerely,
[Your Name]