

Letter of Appeal for Overlapping Insurance Coverage Resolution

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Overlapping Insurance Coverage Resolution

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding the overlapping coverage situation I have encountered with my current policy, [Policy Number], and another insurance policy.

After a thorough review of my insurance coverage and a recent incident where I sought to utilize my benefits, I discovered that there were conflicting policies leading to confusion over coverage. I believe that both policies are valid and I am entitled to understand how this overlap can be resolved effectively.

I would greatly appreciate a review of my case and clarification on the steps moving forward. Attached are the necessary documents supporting my claim, including policy details and correspondence regarding this issue.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to this appeal.

Sincerely,

[Your Name]