

Appeal Letter Regarding Claim Amount Difference

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the claim decision regarding my recent claim (Claim Number: [Insert Claim Number]) submitted on [Insert Date of Claim Submission]. I appreciate your prompt attention to my claim; however, I would like to address a discrepancy in the amount awarded.

Upon reviewing the claim assessment, I noted that the amount [insert claimed amount] does not align with my expectations based on [reason for the difference, e.g., policy coverage, submitted documents, etc.]. I have attached supporting documentation that outlines my calculations and provides further clarification.

I kindly request a thorough review of my claim and the associated documentation. I believe that an adjustment of the claim amount is warranted based on the information provided.

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

Sincerely,

[Your Name]