

Discrepancy Appeal Letter

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 discrepancy related to my recent insurance claim, #[Insert Claim Number]. After reviewing the documentation and the correspondence dated [Insert Date of Correspondence], I believe there has been an error regarding [briefly describe the nature of the discrepancy].

According to the policy terms, [briefly explain why you believe the claim should be honored]. I have attached the relevant documents that support my position, including [list the attachments, e.g., policy documents, receipts, etc.].

I kindly request a thorough review of my appeal and a prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this matter. I look forward to your swift reply.

Sincerely,

[Your Name]