

# Formal Appeal for Insurance Benefit Discrepancy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the decision made regarding my recent claim, [Claim Number], submitted on [Date of Claim]. I was informed that my claim was denied on [Date of Denial] due to [brief explanation of the reason for denial].

After reviewing my policy and the details of my claim, I believe there has been a misunderstanding. [Provide specific reasons and any supporting evidence that supports your appeal, such as policy provisions or additional documentation].

I kindly request that you review my case again and reconsider the decision based on the provided information. I am confident that my claim is valid and falls within the coverage parameters outlined in my policy.

Please find attached all relevant documents for your review. I hope to resolve this matter promptly and amicably.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]