

Medical Insurance Appeal Letter

[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 Denied Medical Claim [Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of my medical claim, [Claim Number], dated [Date of Denial], regarding [brief description of the medical service]. The claim was denied based on [reason for denial].

After reviewing my policy and the reasons provided for the denial, I believe that the decision may have been made in error. [Provide a brief explanation supporting your appeal, including pertinent details about the medical service and your insurance coverage.]

Enclosed are relevant documents that support my case, including [list any attached documents such as medical records, bills, or previous correspondence]. I respectfully request that you review these materials and reconsider your decision.

Thank you for your attention to this matter. I look forward to your prompt response so we can resolve this issue as quickly as possible.

Sincerely,

[Your Name]