

Insurance Deduction Dispute Resolution

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],

Re: Dispute of Insurance Deduction - Policy Number [Insert Policy Number]

I am writing to formally dispute the deductions made from my recent insurance claim on [Insert Claim Date]. I believe the deductions do not accurately reflect the terms of my policy.

According to the policy documentation, [briefly explain the relevant terms of the policy]. However, the deductions applied appear to be in conflict with these terms.

Attached are copies of my policy documents, the claim summary, and any additional information that supports my position. I kindly request that you review the details and reconsider the deductions applied.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]