

Health Insurance Coverage Dispute Letter

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the denial of coverage for [specific medical service or treatment] provided on [date of service] for my [relationship to the insured, if applicable] [Name of the insured]. My policy number is [Policy Number].

According to the explanation of benefits I received on [date], the claim was denied due to [state reason for denial]. However, I believe that this decision is incorrect because [briefly explain your reasoning and include any supporting information or documentation].

Attached to this letter are copies of relevant documents, including [list documents such as medical records, bills, or previous correspondence], which support my case for coverage.

I kindly request a thorough review of this matter and a reconsideration of your decision. Please provide a written response within [time frame, e.g., 30 days] regarding this dispute.

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

Sincerely,
[Your Signature (if sending by mail)]
[Your Printed Name]