

Health Insurance Coverage Dispute 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: Dispute of Coverage Denial - [Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the recent denial of coverage for [specific medical service or treatment] that I received on [date of service]. The denial was communicated to me via [method of communication, e.g., letter, email] on [date of notification].

According to my understanding of my policy, [briefly explain the coverage and why you believe it should have been honored]. I have attached relevant documents, including [list attached documents, such as invoices, medical records, or previous correspondence], to support my claim.

I kindly request that you review my case in detail and reconsider your decision. I believe that the service provided was medically necessary and should be covered under my health insurance policy.

Thank you for your prompt attention to this matter. I look forward to your response within the next [specify time frame, e.g., 30 days]. Please feel free to contact me at [your phone number] or [your email address] if you need any additional information.

Sincerely,
[Your Name]