

Insurance Benefits Dispute Resolution

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Department

Insurance Company Name
Company Address
City, State, Zip Code

Subject: Dispute of Insurance Benefits Claim #XXXXXXX

Dear Claims Department,

I am writing to formally dispute the decision made regarding my insurance benefits claim submitted on [insert date of claim]. The claim number is XXXXXXX.

After reviewing the claims decision letter received on [insert date], I believe that my claim was incorrectly assessed for the following reasons:

- Detail reason one.
- Detail reason two.
- Detail reason three.

I have attached any relevant documentation that supports my case, including [list of documents]. I kindly request a reevaluation of my claim in light of these materials.

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

Sincerely,

[Your Name]