

# Letter of Challenge to Insurance Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Challenge of Claim Denial - Claim Number [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally challenge the denial of my insurance claim (Claim Number: [Claim Number]) submitted on [Claim Submission Date] regarding [brief description of the claim]. I was informed by your letter dated [Denial Letter Date] that my claim was denied due to [specific reason for denial].

However, I believe that this decision may have been made based on incomplete or incorrect information. Therefore, I would like to provide additional documentation to support my case:

- [List of documents or evidence that support your claim]
- [Additional information or clarifications]

I kindly request that you review this additional information and reconsider your decision regarding this claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your understanding.

Sincerely,

[Your Signature]

[Your Printed Name]