

# Insurance Claim Review Request

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]

Subject: Request for Review of Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally request a review of my insurance claim #[Claim Number] submitted on [Submission Date]. After receiving your recent decision dated [Decision Date], I believe that there are important aspects and additional information that warrant reconsideration.

Specifically, I would like to address [briefly outline the reasons for your request and any relevant details]. I have attached [list any supporting documents or evidence you are including] that I believe will assist in the review process.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email] should you need any further information.

Thank you for your consideration.

Sincerely,

[Your Name]