

Appeal for Insurance Coverage Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denial of Insurance Coverage

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of coverage for [specific treatment/service/claim number] dated [insert date of denial letter]. I believe this decision warrants reconsideration and would like to present additional information that supports my request for coverage.

According to the [policy number], the benefits applicable to my situation should cover [describe the nature of the service/treatment]. However, the denial stated that [briefly summarize the reason given for denial].

In support of my appeal, I have enclosed the following documents:

- [Document 1: e.g., doctor's letter]
- [Document 2: e.g., medical records]
- [Document 3: e.g., any relevant prior approvals]

Given this information, I kindly request that you review my case again and reconsider your initial decision. I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Policy Number]