

# Long-Term Care Insurance Claim Appeal

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

**Subject: Appeal for Claim Denial - Policy #[Your Policy Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my long-term care insurance claim dated [Claim Date] regarding [Brief Description of the Claim]. Upon reviewing your decision, I believe that my claim was wrongly denied due to [Reason for Denial].

According to my policy, the following coverage is provided: [List relevant policy details]. I have attached the necessary documentation, including [List of Attached Documents], to support my appeal.

I kindly request a reevaluation of my claim and a detailed explanation of the denial reasoning. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]