

Appeal Letter for Supplemental Insurance Claim Denial

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Supplemental Insurance Claim - [Claim Number]

Dear [Claims Adjuster's Name or Title],

I am writing to formally appeal the denial of my supplemental insurance claim, under policy number [Policy Number], for the claim submitted on [Date of Claim Submission]. The claim was denied on [Date of Denial] citing [reason for denial].

I believe that this claim should be approved because [explain your reasons, providing any supporting evidence or documentation]. Included are the relevant documents that support my case: [list documents].

I respectfully request a thorough review of my claim and the reconsideration of the denial. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]