

Insurance Proceeds Appeal

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

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

Dear [Claim Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim [Claim Number] submitted on [Date of Claim Submission]. The claim was denied on [Date of Denial], and I believe this decision should be reviewed based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Along with this letter, I am including supporting documentation, which includes:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request that you reevaluate my claim and consider the facts presented. Please let me know if you require any additional information or clarification regarding my appeal.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]