

Insurance Appeal Request

Recipient Name
Insurance Company Name
Address Line 1
Address Line 2
City, State, Zip Code
Date: [Insert Date]

Dear [Recipient Name],

I am writing to formally appeal the denial of my insurance claim [Claim Number] dated [Date of Denial], regarding [Brief Description of Claim]. I believe this decision was made in error because [Brief Explanation of Reasons for Appeal].

Enclosed, please find the documentation supporting my appeal, including [List of Supporting Documents, e.g., medical records, bills, etc.]. I kindly ask that you review this information and reconsider your decision.

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

Sincerely,

[Your Name]
[Your Address Line 1]
[Your Address Line 2]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]