

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

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

Subject: Response to Insurance Claim Dispute - Claim Number: [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally respond to your recent correspondence regarding my insurance claim (Claim Number: [Claim Number]). I appreciate the time taken to review my claim; however, I must respectfully dispute the denial/decision made on [date of denial].

According to my understanding and review of the policy details, [mention specific policy clauses or coverage details supporting your position]. Enclosed are documents that further substantiate my claim, including [list documents such as medical reports, photographs, invoices, etc.].

I kindly request a thorough re-evaluation of my claim based on the information provided. I believe that my situation warrants reconsideration and I am hopeful for a favorable resolution.

Thank you for your attention to this matter. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Sincerely,
[Your Name]