

Insurance Coverage Dispute Justification

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

Re: Policy Number [XXXXXXXXXX] - Claim Number [XXXXXXXXXX]

I am writing to formally dispute the decision regarding my recent insurance claim [briefly state the claim issue]. The claim was denied on [date of denial] due to [reason for denial].

Upon careful review of my policy [policy number], I believe that I am entitled to coverage for the following reasons:

- [Reason 1: Brief explanation]
- [Reason 2: Brief explanation]
- [Reason 3: Brief explanation]

I have attached relevant documents that support my position, including [list any documents, such as policy details, medical records, etc.]. I request a thorough review of my case and a reassessment of the initial decision.

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

Sincerely,

[Your Name]