

# Health Insurance Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Appeal of Denied Claim #[Claim Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] related to [brief description of the service received]. I was notified of the denial on [date of denial] due to [reason for denial].

## Steps to Appeal:

1. **Gather Documentation:** Collect all relevant documents including medical records, billing statements, and previous correspondence.
2. **Review Policy:** Examine your health insurance policy to understand coverage and exclusions.
3. **Write an Appeal Letter:** Draft a clear and concise letter stating your case.
4. **Submit Appeal:** Send the appeal letter along with all supporting documentation to [insurance company's appeals address].
5. **Follow Up:** Contact the insurance company within a week to confirm receipt of your appeal.

I believe that the denial of my claim is incorrect based on [reason why you believe the claim should be approved]. I have enclosed [list any enclosed documents] to support my appeal.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to my appeal.

Sincerely,

[Your Name]

[Your Insurance Policy Number]