

# Insurance Appeal Letter

**Your Name**

**Your Address**

**City, State, Zip Code**

**Email Address**

**Phone Number**

**Date**

**Insurance Company Name**

**Claims Department**

**Insurance Company Address**

**City, State, Zip Code**

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

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] related to [Brief Description of the Incident]. The claim was denied on [Date of Denial], and I believe this decision should be reconsidered due to the following reasons:

- [Reason 1 for Appeal]
- [Reason 2 for Appeal]
- [Any additional information or supporting documents]

Enclosed are the documents supporting my appeal, including [List the documents, e.g., medical records, bills, photographs]. I kindly request that you review this information and reassess your decision regarding my claim.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]