Insurance Appeal Letter

Your Name

Your Address

Email Address

Phone Number

Date

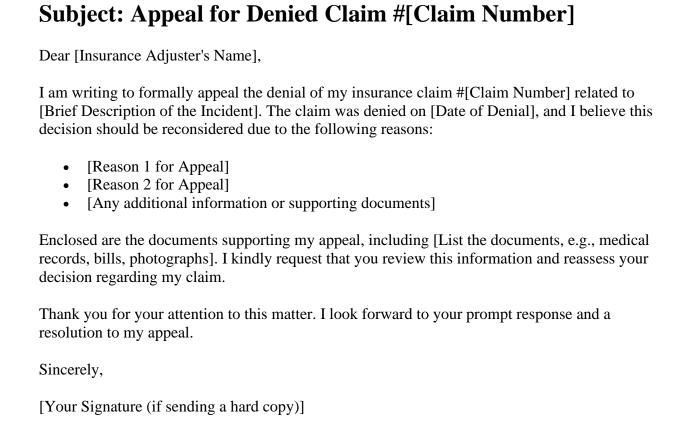
City, State, Zip Code

Insurance Company Name

Insurance Company Address

Claims Department

City, State, Zip Code



[Your Printed Name]