

# Insurance Claim Appeal Instructions

Dear [Claimant's Name],

Thank you for your recent correspondence regarding your claim ([Claim Number]). We understand that you wish to appeal the decision made on your claim. Below are the instructions for submitting your appeal.

## Step-by-Step Appeal Process

### 1. Review the Original Decision:

Carefully read through the decision letter to understand the reasons for the denial.

### 2. Gather Supporting Documentation:

Collect all relevant documents that support your appeal, such as medical records, receipts, and prior correspondence.

### 3. Write Your Appeal Letter:

Include the following information in your letter:

- Your contact information
- Your claim number
- A clear statement of the reasons you believe the claim should be approved
- A list of attached supporting documents

### 4. Submit Your Appeal:

Send your completed appeal letter and supporting documents to:

[Insurance Company Name]

[Address]

Please ensure that your appeal is sent within [Time Frame] from the date of the denial letter.

### 5. Follow Up:

After submitting your appeal, follow up with the claims department after [a specified time frame] to confirm receipt and inquire about the status of your appeal.

If you have any questions or need further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]