

Insurance Claim Appeal Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Claims Department
Company Address
City, State, Zip Code

Subject: Appeal for Denied Insurance Claim - Claim Number [Your Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]), which was denied on [Date of Denial] due to [reason for denial]. I believe this decision was made in error, and I would like to provide additional information and documentation to support my claim.

[Briefly explain the circumstances of the claim and why you believe it should be approved, including any relevant details or evidence.]

I have attached [list any documents you are including, such as medical reports, photographs, or receipts] for your review. I respectfully request that you reconsider my claim based on this new information.

Please let me know if you require any additional information or documentation from my end. I appreciate your prompt attention to this matter and look forward to your positive response.

Thank you for your consideration.

Sincerely,
[Your Name]