

Insurance Claim Denial Response

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Response to Claim Denial - Claim #[Claim Number]

Dear [Insurance Company Name/Claims Adjuster's Name],

I am writing to formally respond to your letter dated [Date of Denial Letter] regarding the denial of my insurance claim #[Claim Number]. I appreciate your prompt attention to my claim; however, I would like to express my concerns regarding the reasons cited for the denial.

Your letter states that the claim was denied due to [specific reason for denial]. I believe this decision may have been based on [provide your argument or evidence supporting your case].

I respectfully request a reconsideration of my claim based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Any additional information]

Attached to this letter, you will find [list any documents you are attaching, e.g., medical records, photographs, statements, etc.] that support my case and provide clarity on the matter.

Thank you for taking the time to review my response. I look forward to your prompt reply and a resolution to my claim.

Sincerely,

[Your Name]