

# Insurance Claim Dispute Resolution Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

## **Subject: Dispute Resolution for Claim #[Claim Number]**

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my claim #[Claim Number] dated [Claim Date]. After careful review of the denial letter received on [Date of Denial], I believe that my claim should be reconsidered due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Enclosed are documents supporting my position:

- [Document 1 Description]
- [Document 2 Description]
- [Document 3 Description]

I kindly request a comprehensive review of my claim and a written response detailing the findings of your investigation. I appreciate your prompt attention to this matter and look forward to a resolution.

Thank you for your time.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]