

# Letter of Appeal for Denied Insurance Claim

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

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

Dear Claims Officer,

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Claim Number]) dated [Date of Claim]. I received your letter of denial on [Date of Denial], and I believe the decision was made in error.

According to the information provided in your denial letter, the basis for denial is [Reason for Denial]. However, I would like to provide clarification and additional documentation that supports my claim:

- [Detail or evidence supporting your claim]
- [Detail or evidence supporting your claim]
- [Detail or evidence supporting your claim]

I kindly request that you reconsider my claim in light of this new information. Attached are copies of [list any attached documents, such as medical records, receipts, etc.] that may assist in the review process.

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a favorable resolution.

Sincerely,

[Your Name]