

Contest of Denied Claim

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

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

Subject: Contesting Denied Claim - Claim Number: [Insert Claim Number]

Dear Claims Department,

I am writing to formally contest the denial of my claim (Claim Number: [Insert Claim Number]) submitted on [Insert Date of Claim Submission]. I believe this claim was unjustly denied and would like to provide supporting documents for your review.

Attached to this letter are the following supporting documents:

- [List Document 1]
- [List Document 2]
- [List Document 3]

I kindly request a thorough review of my case in light of the additional evidence provided. I look forward to your prompt response regarding the reconsideration of my claim.

Thank you for your attention to this matter.

Sincerely,
[Your Name]

Attachments:
[List of Attached Documents]