

Dispute Letter for Denied Insurance Benefits

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Claims Department

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Subject: Dispute of Denied Insurance Benefits - Policy Number [Your Policy Number]

Dear Claims Department,

I am writing to formally dispute the denial of my insurance claim related to policy number [Your Policy Number], which was submitted on [Date of Claim Submission]. I received a letter dated [Date of Denial Letter], stating that my claim was denied due to [reason for denial].

I believe this denial was made in error because [provide your reasoning or additional information supporting your claim]. I have attached all relevant documents, including [list any attached documents, e.g., medical records, bills, correspondence] that support my case.

I kindly request a thorough review of my claim and related documents. I am hopeful for a resolution in this matter, and I look forward to your prompt response. Please contact me at [Your Phone Number] or [Your Email Address] if you need any additional information.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]