

Formal Appeal Against Claim Rejection

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision to reject my claim [Claim Number] submitted on [Submission Date]. I received your letter dated [Rejection Date], outlining the reasons for the denial, which were [briefly state reasons].

After reviewing the details of my claim and the provided documentation, I believe that my claim was valid and should be reconsidered. [Provide specific details and evidence supporting your appeal].

I kindly request that you revisit my claim and provide a thorough review of the attached documentation that supports my position.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]