

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster/Contact Name],

I am writing to formally inquire about the denial of my recent insurance claim, reference number [Claim Number], submitted on [Submission Date]. I would like to request a detailed explanation regarding the reasons for this denial.

Understanding these reasons is crucial for me to evaluate my options moving forward. If there is any additional information or documentation required from my side, please let me know.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]