

# Insurance Claim Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Appeal for Denied Insurance Claim #[Claim Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] dated [Date of Denial]. I believe that my claim was wrongly denied and I am providing additional information to support my case.

## 1. Background Information

Provide a brief overview of the claim, including the date of the incident and the nature of the claim.

## 2. Reasons for Denial

State the reasons given for the denial as outlined in the denial letter.

## 3. Supporting Evidence

Include any new evidence or information that supports your appeal:

- Documentation #1: [Description]
- Documentation #2: [Description]

- Documentation #3: [Description]

#### **4. Requested Action**

I kindly ask that you review the enclosed evidence and reconsider the denial of my claim. I believe that it is valid and in accordance with the policy conditions.

#### **5. Conclusion**

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

Sincerely,

[Your Name]