

# Request for Reconsideration of Claim Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Reconsideration of Claim Denial - Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally request a reconsideration of the denial of my claim (Claim Number: [Insert Claim Number]), submitted on [Insert Submission Date]. I received the denial letter dated [Insert Denial Date], which stated that my claim was not covered based on [Brief Explanation of Denial Reason].

I believe this denial may be due to [Provide brief explanation of your position and any supporting information]. In support of my request, I have attached [List any documents you are including, such as additional medical records, policy documents, etc.]. I kindly ask that you review these materials in conjunction with my claim.

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

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]