

Request for Review of Claim Denial

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department]
[Insurance Company Address]
[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request a review of the denial of my insurance claim [Claim Number], which was submitted on [Submission Date].

According to your letter dated [Date of Denial Letter], my claim was denied due to [Reason for Denial]. I believe this decision was made in error for the following reasons:

- [Reason/Argument 1]
- [Reason/Argument 2]
- [Reason/Argument 3]

I have attached additional documentation to support my case, including [list documents].

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me at the above phone number or email address should you require further information.

Thank you for your consideration.

Sincerely,
[Your Name]