

Benefits Coverage Dispute Letter

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

[Date]

[Recipient's Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally dispute the denial of benefits for [specific service or treatment] that occurred on [date of service]. According to my understanding of my policy, this service should be covered under my benefits plan.

Policy Number: [Your Policy Number]
Claim Number: [Claim Number]

Despite the initial denial, I believe that the enclosed documentation, which includes [list any attached documents, such as medical records, previous correspondence, etc.], clearly supports my claim for coverage. I request a thorough review of my case.

Please respond with a detailed explanation of your decision regarding this matter. I appreciate your prompt attention to this dispute and look forward to a resolution.

Thank you for your assistance.

Sincerely,
[Your Name]