

Coverage Dispute Resolution Request

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 Coverage Dispute Resolution

Dear [Insurance Company Contact/Claims Adjuster Name],

I am writing to formally dispute the recent decision regarding my insurance claim (Claim Number: [Insert Claim Number]). I believe that the coverage denial is inconsistent with my policy and the circumstances surrounding the claim.

Summary of Dispute:

- Policy Number: [Insert Policy Number]
- Date of Loss: [Insert Date of Loss]
- Description of Claim: [Briefly Describe the Claim]

I respectfully request that you review the details of my claim, specifically the reasons for denial mentioned in your correspondence dated [Insert Date of Denial]. I have attached supporting documentation for your reference, including [List any attached documents].

Please let me know if any additional information is required to facilitate this review. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]