

# Formal Coverage Dispute Appeal

[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 Coverage - [Claim Number]

Dear [Recipient's Name or Claims Department],

I am writing to formally appeal the denial of coverage for [specific treatment, service, or claim] under my policy #[Your Policy Number]. The denial was communicated to me on [Date of Denial] via [method of communication].

According to the correspondence I received, the reason given for the denial was [briefly state the reason mentioned in the denial]. However, I believe that this decision does not accurately reflect the facts of the situation and the terms of my policy.

[Provide any supporting information or documentation that supports your claim, including references to your policy, medical records, or other relevant documentation.]

I kindly request a thorough review of my case and reconsideration of the previously denied coverage. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]