

Insurance Claim Denial Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Appeal of Claim Denial - [Claim Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally appeal the denial of my insurance claim, number [Claim Number], for [brief description of the claim]. I received your denial notification dated [Date of Denial Letter], and I respectfully disagree with the decision.

The reason stated for the denial was [briefly state the reason given by the insurance company]. However, I believe that my claim [explain why you believe the claim should be approved, including any relevant information or documentation].

Enclosed with this letter are [list any documents you are including, such as medical records, billing statements, etc.]. I kindly request that you review the attached documentation and reconsider my claim.

Thank you for your time and attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]