

Appeal Letter for Denied Claim

Date: [Insert Date]

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

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

Dear [Claims Department/Specific Name],

I am writing to formally appeal the decision regarding my claim (Claim Number: [Insert Claim Number]), which was denied on [Insert Date of Denial]. The claim was related to [Briefly explain the nature of the claim].

Upon reviewing the denial letter, I believe that the claim was unjustly denied due to [Briefly state the reason for denial]. I have gathered additional evidence that supports my case, including [List supporting documents or evidence].

In light of this information, I kindly request that you reevaluate my claim. I believe that this additional information demonstrates that [Explain why the claim should be approved].

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information.

Thank you for your consideration.

Sincerely,
[Your Name]