

Appeal Letter for Denied Insurance Claim

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Claims Department

[Insurance Company Name]
Company Address
City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Insert Claim Number]), which was submitted on [Insert Submission Date] and denied on [Insert Denial Date]. The reason given for the denial was [Insert Reason for Denial].

After reviewing the details of my claim and the accompanying documentation, I believe that my claim has been mistakenly denied. I have included additional information and supporting documents that clarify the events and substantiate my claim. These documents include [List Additional Documents, e.g., medical records, invoices, receipts, etc.].

According to my policy, [Reference Specific Policy Clauses that support your claim]. I kindly request that you revisit the details of my claim and the supporting evidence provided. I believe this will demonstrate that my claim is valid and deserving of coverage.

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

Thank you for your consideration.

Sincerely,
[Your Name]