

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

Claims Department  
Insurance Company Name  
Company Address  
City, State, Zip Code

Dear Claims Reviewer,

I am writing to formally request a review of my recent claim denial (Claim Number: [Your Claim Number]) dated [Date of Denial]. I believe that the circumstances of my claim warrant reconsideration.

The reason provided for the denial was [State Reason for Denial]. I would like to address this by providing additional information and documentation that supports the validity of my claim:

- [Detail of additional information or documentation 1]
- [Detail of additional information or documentation 2]
- [Detail of additional information or documentation 3]

Please find enclosed copies of the relevant documents for your review. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,  
[Your Name]