

Request for Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request a reconsideration of the recent claim denial for my policy #[Your Policy Number], claim #[Claim Number], which was submitted on [Date of Submission]. I received your decision dated [Date of Decision], and I would like to address the concerns raised.

According to your letter, my claim was declined because [briefly summarize reason for denial]. I believe this decision was made in error because [provide your reasoning or evidence that supports your claim].

Enclosed with this letter are [list any documents or additional information you are including], which I hope will provide a clearer understanding of my situation.

I respectfully request that you review this information and reconsider my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]