

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Claims Department

Insurance Company Name

Company Address

City, State, Zip Code

Subject: Request for Second Review of Disallowed Claim

Dear Claims Manager,

I hope this message finds you well. I am writing to formally request a second review of my claim (Claim Number: [Your Claim Number]), which was disallowed on [Date of Disallowance]. I believe that the decision made may be reconsidered based on the following reasons:

- Reason 1: [Provide detailed explanation]
- Reason 2: [Provide detailed explanation]
- Reason 3: [Provide detailed explanation]

I have also attached pertinent documentation that supports my case, including [list any attached documents, e.g., invoices, medical records, correspondence].

I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information or clarification, please do not hesitate to contact me.

Thank you for your reconsideration.

Sincerely,

[Your Name]