

Resubmission of Insurance Claim

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

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

Dear [Claims Adjuster's Name],

I am writing to formally resubmit my insurance claim (Claim Number: [Claim Number]) which was previously declined on [Date of Decline]. After reviewing the reasons for the denial, I have gathered additional information that I believe supports my case.

I have attached the following documents for your review:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly ask you to reconsider my claim based on this new evidence. I believe that this additional information clarifies the circumstances surrounding my claim and supports my eligibility for coverage.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]