

Letter of Appeal for Dependents Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the decision regarding my dependents' insurance coverage under policy number [Insert Policy Number]. My dependents were recently denied coverage for [specific medical services/treatment] on [date of denial], which I believe was an error based on the following grounds:

[Clearly state the reasons for the appeal and any relevant information supporting your case, such as policy details, previous coverages, medical necessity, etc.]

Attached are copies of [list any attached documents, such as medical records, previous correspondence, etc.], which support my appeal. I kindly request that you re-evaluate my case and provide the coverage that is due.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]