

Letter of Appeal for Health Insurance Claim Status

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Claim Status - Policy #[Policy Number]

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to formally appeal the claim status for my recent health insurance claim submitted on [Date of Submission], with claim number [Claim Number]. I was informed that my claim was [briefly describe the decision made, e.g., denied or under review], and I would like to request a thorough review of my case.

[Provide a brief explanation of the reason for your appeal, including relevant details about your health condition, treatment received, and the reason you believe the claim should be approved.]

Enclosed are copies of [list any documents you are enclosing, such as medical records, bills, etc.] to support my case. I believe these documents will provide further insight into the validity of my claim.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Thank you for your time and understanding.

Sincerely,

[Your Name]