

# Insurance Claim Appeal Letter

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

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

Subject: Appeal for Denied Insurance Benefits - Claim Number [Your Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]) regarding [briefly state the nature of the claim, e.g., medical expenses, property damage]. The claim was denied on [date of denial], citing [reason provided for denial].

However, I believe this decision warrants reconsideration. [Briefly explain your reasons for the appeal, such as providing additional documentation, clarifying misunderstandings, or citing relevant policy provisions.] I have enclosed [list any supporting documents you are attaching, such as medical records, bills, or other evidence] for your review.

According to my policy, [reference any specific policy provisions that support your position]. I respectfully request that you review the enclosed information and reconsider the previous decision to deny my claim.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Sincerely,

[Your Name]