

# Insurance Claim Dispute Resolution

[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],

Subject: Dispute of Claim [Claim Number]

I am writing to formally dispute the denial of my health insurance claim submitted on [Date of Claim Submission] for [brief description of services rendered]. The claim was denied on [Date of Denial] with the reason being [reason for denial as per the insurance company].

I believe that this denial was made in error as [provide your reasoning with relevant details and any supporting documents]. According to my policy [mention relevant sections of your policy or regulations], I am entitled to coverage for the services provided.

Attached to this letter, you will find [list any enclosed documents such as medical records, bills, previous correspondence, etc.]. I kindly request a thorough review of my claim and a resolution to this matter as soon as possible.

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] should you need any further information.

Sincerely,

[Your Name]