

Insurance Claim Denial Appeal Letter

[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 Denied Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name or Customer Service Department],

I am writing to formally appeal the denial of my insurance claim #[Claim Number] dated [Date of Denial Letter], as referenced in your letter dated [Date of the Denial Letter]. I believe that this claim was denied due to [briefly state the reason given for denial, e.g., insufficient documentation, policy exclusions, etc.].

I would like to provide additional information that may not have been considered during the initial review. [Briefly outline the additional evidence or documentation you are submitting, and why it supports your claim.]

I kindly request a reevaluation of my claim based on the information provided. Please find attached [list any attached documents, such as medical bills, incident reports, or any other relevant paperwork].

I appreciate your prompt attention to this matter and look forward to your response. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,
[Your Name]