

Insurance Claim Dispute Resolution

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, ZIP Code]

Subject: Dispute Regarding Insurance Claim #[Claim Number]

Dear [Claims Adjuster/Manager Name],

I am writing to formally dispute the denial of my insurance claim, #[Claim Number], submitted on [Submission Date]. After reviewing your explanation for the denial dated [Denial Date], I believe there has been a misunderstanding regarding the details of my policy and the circumstances surrounding my claim.

To support my position, I have included the following documents:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request a re-evaluation of my claim based on this additional information. I am hopeful that we can resolve this matter amicably and expeditiously.

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

Sincerely,

[Your Name]