

Insurance Claim Denial Appeal

[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],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Your Claim Number]) dated [Date of Denial]. After reviewing the denial letter, I believe there has been a misunderstanding regarding my claim.

[Briefly explain the reason for the denial and your counter-argument. Include any relevant policy numbers, dates, and specific details to support your appeal.]

I kindly request a reconsideration of my claim based on the attached documentation, which includes [list documents, e.g., medical reports, receipts, additional information].

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

Sincerely,

[Your Name]