

Insurance Claim Denial Demand for Justification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Demand for Justification of Claim Denial - Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally request a detailed justification for the denial of my insurance claim, submitted on [Claim Submission Date], regarding [brief description of the claim]. My claim was denied on [Denial Date] under the reference number #[Claim Number].

As a policyholder, I believe I am entitled to a thorough explanation concerning the basis of this denial. I have provided all necessary documentation and information related to my claim and fail to understand why it was rejected.

Please provide me with the specific reasons for the denial, along with any relevant policy provisions that were cited in your decision. I would appreciate your prompt attention to this matter as I need to resolve this issue as soon as possible.

Thank you for your cooperation. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]