

# Insurance Claim Denial Dispute

**Your Name**

Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date: [Insert Date]

**Claims Department**

[Insurance Company Name]  
[Insurance Company Address]  
City, State, ZIP Code

Subject: Dispute of Claim Denial - Policy No: [Insert Policy Number]

Dear Claims Department,

I am writing to formally dispute the denial of my claim (Claim No: [Insert Claim Number]) submitted on [Insert Submission Date] regarding [briefly describe the nature of the claim]. I received your letter dated [Insert Denial Date], which stated that the claim was denied due to [insert reason for denial].

Upon reviewing your decision, I believe there has been a misunderstanding regarding [mention key points that support your dispute, such as policy coverage, documentation provided, etc.]. Enclosed are supporting documents that substantiate my claim [list the enclosed documents].

I kindly request a reevaluation of my case and consideration of the attached evidence. I am hopeful for a prompt resolution and would appreciate a written response by [insert a reasonable date].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]