

Insurance Claim Denial Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally inquire about the recent denial of my insurance claim [Claim Number] for [brief description of the claim]. I received the denial letter dated [Date of Denial Letter], and I would like to seek clarification regarding the reasons for this decision.

According to your letter, the claim was denied due to [state the reason provided by the insurer]. I would appreciate it if you could provide more detailed information on this matter so that I might better understand the basis of this denial.

Furthermore, I would like to know if there are any additional documents or information that I can provide to support my claim. My intention is to ensure that all pertinent information has been taken into account.

Thank you for your attention to this matter. I look forward to your prompt response so that we can resolve this issue as quickly as possible.

Sincerely,

[Your Name]