

Request for Reassessment of Insurance Claim Denial

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip: [City, State, Zip]

Phone Number: [Your Phone Number]

Email: [Your Email]

Date: [Today's Date]

To:

[Insurance Company Name]

Claims Department

[Insurance Company Address]

City, State, Zip: [Insurance Company City, State, Zip]

Subject: Request for Reassessment of Claim Denial - Claim Number: [Your Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally request a reassessment of the denial of my insurance claim (Claim Number: [Your Claim Number]) submitted on [Claim Submission Date]. I received notification of the denial on [Denial Date], and while I respect the decision made, I believe that there are valid reasons to reconsider the claim.

[Briefly explain the reasons you believe the claim should be approved, including any new evidence or supporting documentation you are including.]

I have attached relevant documents for your review, including [listing any attached documents, e.g., medical records, receipts, additional statements, etc.].

Please let me know if any additional information is needed to facilitate your reassessment. I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]