

Letter of Reconsideration for Insurance Claim Denial

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 or Customer Service],

I am writing to formally request a reconsideration of the denial of my insurance claim, [Claim Number], submitted on [Date of Claim Submission]. I appreciate your prompt attention to this matter; however, I believe the denial decision requires further evaluation.

In your letter dated [Date of Denial Letter], it was indicated that my claim was denied due to [briefly state the reason for denial]. I would like to provide additional information for your review:

- [Relevant detail or information supporting the claim]
- [Another piece of evidence or clarification]
- [Any applicable documents attached, e.g., medical records, receipts]

Given this information, I kindly ask you to re-evaluate my claim. I believe that the evidence provided supports my case and demonstrates the validity of my claim.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information or clarification.

I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Policy Number]