

Request for Review of Insurance Claim Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally request a review of the denial of my insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Date of Denial]. I believe that the decision to deny my claim was based on [briefly explain reason for denial], which I respectfully contest.

Upon reviewing the details of my claim, I would like to provide additional information and documentation that supports my case. [List any additional information or documents you are including].

I kindly ask that you reconsider your decision in light of this new evidence. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your time and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]