

Insurance Claim Denial Response

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Re: Claim Number [Claim Number]

I am writing in response to your letter dated [Date of Denial Letter] regarding the denial of my insurance claim for [brief description of the claim]. I have reviewed the reasons for the denial and would like to address each point.

[Explain your perspective on the denial, providing any relevant information or documentation to support your argument.]

I believe my claim meets the necessary criteria as outlined in my policy, and I respectfully request a reconsideration of your decision. Attached are [list any attached documents] to further substantiate my claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]