

Appeal for Insurance Claim Approval

Your Name: [Your Name]

Your Address: [Your Address]

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

Email Address: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

Insurance Company: [Insurance Company Name]

Claims Department: [Claims Department Address]

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

Dear Claims Department,

I am writing to formally appeal the decision regarding my insurance claim (Claim Number: [Your Claim Number]) submitted on [Submission Date]. I received a letter dated [Date of Denial Letter] stating that my claim was denied due to [Reason for Denial].

I believe this decision was made in error because [Explain your reasons and provide supporting evidence]. Attached are the necessary documents to support my case.

I request that you review my claim once again and consider the evidence provided, as it demonstrates that my claim is valid under the terms of my policy.

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

Sincerely,

[Your Signature]

[Your Printed Name]