

Health Insurance Claim Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my health insurance claim #[Claim Number], which was submitted on [Date of Claim Submission]. The claim was denied on [Date of Denial], citing [specific reason for denial].

I would like to provide additional information to support my appeal. [Briefly explain additional information or reasons why the claim should be approved, including any relevant medical documentation or policies that apply.]

According to my policy, [mention any relevant clauses or rights you have under your health insurance policy]. I believe that this claim aligns with the coverage provided, and I kindly request that you review my case again.

Please find attached [list any documents you are including with the appeal, such as medical bills, letters from providers, etc.].

I would appreciate your prompt attention to this matter. Please feel free to contact me at [Phone Number] or [Email Address] should you need further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Policy Number]