

Insurance Claim Denial 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 Insurance Claim [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my insurance claim, [Claim Number], as outlined in your letter dated [Date of Denial]. I believe that my claim should be reconsidered based on the following information and supporting documentation.

[Briefly explain the reasons you believe the denial was incorrect. Include any additional details or new evidence that supports your case.]

Enclosed with this letter are copies of relevant documents that support my appeal:

- [Document 1]
- [Document 2]
- [Document 3]

I respectfully request a thorough review of my claim in light of this new information. I believe my situation meets the criteria outlined in my policy, and I would appreciate your assistance in resolving this matter quickly.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]