

Insurance Claim Escalation Letter

[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 Manager,

I am writing to formally escalate my insurance claim [Claim Number], which was denied on [Denial Date]. I believe this decision was made in error and would like to provide additional information to support my case.

The claim was originally submitted on [Submission Date], and I was informed of the denial via [Method of Communication] on [Denial Date]. The reason given for the denial was [Reason for Denial].

I have attached supporting documents that I believe will clarify and strengthen my claim. These documents include [List of Documents Enclosed].

I kindly request a reevaluation of my claim based on the provided information. I would appreciate your prompt attention to this matter and look forward to your response within [Time Frame for Response].

Thank you for your time and assistance. I hope to resolve this issue amicably.

Sincerely,

[Your Name]