

Insurance Claim Dispute Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Review Department,

I am writing to formally dispute the denial of my insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Claim Date], regarding medical services provided to me on [Insert Service Date].

On [Insert Service Date], I received treatment from [Provider's Name] for [Description of Medical Condition or Procedure]. According to my policy [Policy Number], these services should be covered. However, I received a denial letter on [Insert Denial Date], stating that the claim was denied due to [Reason for Denial].

Upon reviewing the reasons for denial, I disagree with the assessment for the following reasons:

- [Reason 1: Provide details]
- [Reason 2: Provide details]
- [Any additional reasons]

Enclosed with this letter are copies of the following documents to support my dispute:

- [Document 1: Explanation]
- [Document 2: Explanation]
- [Any additional documents]

I kindly request that you review my case again and provide a detailed explanation of your findings. It is important to me that my claim is processed accurately and fairly.

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

Sincerely,

[Your Name]