

# Insurance Claim Dispute Letter

**Your Name**

Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date: [Insert Date]

**Insurance Company Name**

Claims Department  
Company Address  
City, State, Zip Code

Dear Claims Manager,

Subject: Dispute of Claim Denial - Claim Number: [Insert Claim Number]

I am writing to formally dispute the denial of my health insurance claim for the medical expenses incurred on [Insert Date of Service]. The claim was denied on [Insert Denial Date] with the reference code [Insert Denial Code].

The services provided to me included [Briefly Describe the Services], and I believe these should be covered under my policy, as [Explain Reason for Dispute]. I have attached copies of the relevant documents, including my policy agreement, medical bills, and any correspondence received from your office regarding this claim.

I kindly request a thorough review of my claim based on the provided information. If necessary, I am available for a discussion and can provide any additional documentation you may need to support my case.

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

Sincerely,  
[Your Name]