

Insurance Claims Appeal 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 appeal the denial of my insurance claim (Claim Number: [XXXXXXX]) submitted on [Submission Date]. After reviewing the denial letter dated [Denial Letter Date], I believe there has been an error in the assessment of my claim.

The reasons for my appeal are as follows:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Attached to this letter are the supporting documents for my appeal, including:

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

I kindly request a thorough review of my appeal and these documents. I believe these materials will provide additional evidence supporting my claim's validity.

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

Sincerely,
[Your Name]