

Insurance Assistance Program 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]

Subject: Appeal for Denied Claim [Claim Number]

Dear [Insurance Company/Claims Adjuster Name],

I am writing to formally appeal the denial of my recent claim, [Claim Number], submitted on [Date of Claim Submission]. The claim was denied on [Date of Denial] due to [Reason for Denial as stated in the denial letter].

I believe this claim should be reconsidered based on the following reasons:

- [Provide your first reason, including any supporting evidence]
- [Provide your second reason, including any supporting evidence]
- [Provide your third reason, including any supporting evidence]

Attached are copies of all relevant documents, including [list of documents, e.g., medical records, invoices, previous correspondence], to support my appeal.

I appreciate your attention to this matter and request a thorough review of my claim. Please feel free to contact me at the above phone number or email address if you require any additional information.

Thank you for your prompt attention to this appeal.

Sincerely,

[Your Name]