

# Insurance Claim Authorization Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Claim Authorization - Claim Number: [Insert Claim Number]

Dear [Insurance Company's Claims Department],

I am writing to formally appeal the denial of my insurance claim, specifically the recent decision regarding Claim Number [Insert Claim Number]. I have reviewed the details of this case and believe the denial was made in error.

In support of my appeal, I have attached the following documents:

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

I respectfully request a reevaluation of my claim based on the additional information provided. I believe that the circumstances justify the coverage under my policy.

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

Sincerely,

[Your Name]