

Health Insurance Reimbursement Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Dear [Insurance Company Contact/Claims Department],

I am writing to formally inquire about the denial of my health insurance claim for [specific services or treatment] that occurred on [date of service]. The claim was submitted on [submission date], and I received notification of its denial on [denial date].

I believe the denial may be based on [reason for denial, if known], and I would like to request a detailed explanation of the decision. Additionally, I am seeking guidance on the appeals process, as I wish to formally appeal this decision.

Attached to this letter are copies of the relevant documents including my original claim, the denial notice, and any supporting documentation related to the services rendered.

Thank you for your attention to this matter. I look forward to your prompt response so that we may resolve this issue.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]