

Letter of Appeal

Your Name

Your Address

Your City, State, Zip Code

Your Email

Your Phone Number

Date

Recipient's Name

Insurance Company's Name

Insurance Company's Address

Insurance Company's City, State, Zip Code

Subject: Appeal for Temporary Medical Insurance

Dear [Recipient's Name],

I am writing to formally appeal for temporary medical insurance coverage due to my current circumstances. I have recently experienced [briefly explain your situation, e.g., loss of job, medical emergency, etc.], which has resulted in a significant financial burden.

To support my request, I have attached relevant documents, including [list any supporting documents, e.g., doctor's notes, proof of unemployment, etc.]. I kindly urge you to consider my appeal and grant me the necessary temporary medical insurance coverage to ensure I can meet my medical needs during this challenging time.

I appreciate your attention to this matter and hope for a favorable response. Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]