

Appeal for Wellness Assessment Determination

Date: [Insert Date]

[Recipient's Name]

[Company/Organization Name]

[Address Line 1]

[Address Line 2]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my wellness assessment conducted on [Insert Date of Assessment]. After reviewing the results and the subsequent determination made by [Company/Organization Name], I believe there were several factors that need further consideration.

Specifically, [describe specific results or assessments that you believe were incorrect or misinterpreted, including any relevant data or supporting documents]. I have also consulted with [mention any relevant healthcare professionals, or attach letters if applicable], who agree with my assessment and strongly recommend a re-evaluation.

As a dedicated member of [mention any relevant program or membership], I value the assessments and wellness initiatives provided by your organization. It is crucial for not only my health but also my participation and engagement in future programs that this matter is addressed promptly.

I kindly request a re-evaluation of my wellness assessment and the associated benefits. I am willing to provide any additional information or documentation that may assist in your review process.

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

Sincerely,

[Your Name]

[Your Address Line 1]

[Your Address Line 2]

[Your Contact Information]