

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Address]  
[City, State, Zip Code]

Subject: Appeal for Reconsideration of Health Insurance Claim Denial

Dear [Insurance Company] Claims Department,

I hope this message finds you well. I am writing to formally appeal the denial of my health insurance claim for [specific procedure, treatment, or service] provided on [date of service]. My policy number is [Policy Number], and the claim number associated with this case is [Claim Number].

Upon receiving the denial letter dated [Denial Date], I understand the reason provided was [explanation from denial letter]. While I appreciate your detailed explanation, I would like to provide additional information for reconsideration.

[Briefly explain the medical necessity of the procedure, treatment, or service and why it should be covered. Include any supporting details such as doctor's recommendations, medical records, and specific policy coverage terms.]

I believe this service is covered under the terms of my policy because [cite relevant policy details]. I am enclosing [list of attached documents, such as doctor's letters, medical records, etc.] to support this appeal.

I kindly request a review of my case and am hopeful for a favorable reconsideration of this claim. Please do not hesitate to contact me for further information or documentation if necessary.

Thank you for your time and attention to this matter.

Sincerely,  
[Your Name]