

Subject: Appeal for Review of Insurance Claim Denial

Dear [Insurance Company Name],

I am writing to formally appeal the denial of my insurance claim, policy number [Policy Number], dated [Date of Denial]. I appreciate the attention given to this matter and am hopeful for a reconsideration based on the information provided herein.

Upon review of the denial letter, it was stated that the claim was denied due to [Reason for Denial]. However, I believe there has been a misunderstanding or oversight, as the supporting documentation and details of my situation fall under the coverage specified in my policy. Enclosed, please find additional documentation including [list any relevant documents, such as medical reports, receipts, or expert statements] that further substantiate my claim. I have also highlighted relevant sections of the policy that support the eligibility of my claim for coverage.

I kindly request that you reinvestigate my case with these additional details in mind. I am confident that upon further review, the validity of my claim will be evident. I am happy to provide any further information needed and can be reached at [Your Phone Number] or [Your Email Address]. Thank you for taking the time to reassess my claim. I look forward to a resolution and your positive response.

Sincerely,

[Your Full Name]

[Your Address]

[Your Contact Information]