

[Date]

[Health Insurance Company Name]

[Company Address Line 1]

[Company Address Line 2]

[City, State ZIP Code]

**Re: Appeal of Denied Health Insurance Claim**

**Policy Number:** [Your Policy Number]

**Claim Number:** [Your Claim Number]

To Whom It May Concern,

I am writing to formally appeal the decision to deny coverage for [specific treatment/service] as outlined in your letter dated [date of denial letter]. My name is [Your Name], and I am the policyholder for the above referenced policy.

I received a denial for my claim, stating [reason for denial as stated by insurance]. However, I respectfully disagree with this decision and am requesting a reconsideration based on the following information:

[Provide explanation, relevant medical information, and supporting evidence. You may include statements from healthcare providers, relevant test results, and why the treatment/service is medically necessary.]

According to my review of my policy, [cite specific policy provisions or benefits that support your claim]. I believe that this treatment/service should be covered.

Please find attached supporting documentation, including [list attached items, such as letters from providers, medical records, etc.].

I appreciate your prompt attention to this appeal and look forward to your response. Please contact me at [your phone number] or [your email] should you require any additional information.

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]

[Your Address]

[City, State ZIP Code]

[Your Phone Number]

[Your Email]