

[Date]

To:

[Health Insurance Provider Name]

[Address Line 1]

[Address Line 2]

[City, State, ZIP Code]

From:

[Your Name]

[Your Address Line 1]

[Your Address Line 2]

[City, State, ZIP Code]

[Policy Number: XXXXXX]

**Subject: Formal Complaint Regarding Denial/Delay of Health Insurance Claim**

Dear Sir/Madam,

I am writing to formally lodge a complaint against [Health Insurance Provider Name] concerning the handling of my health insurance claim (Policy Number: XXXXXX, Claim Number: XXXXXX).

Despite submitting all required documents and following up several times since [date of claim submission], my claim has been denied/delayed without sufficient justification. This has caused significant stress and financial hardship during a difficult time.

I respectfully request a detailed explanation for the denial/delay and prompt re-evaluation of my claim. Kindly process my claim in accordance with policy terms and relevant regulations.

I look forward to your prompt response and resolution of this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] for further clarification.

Thank you for your attention.

Sincerely,

[Your Name]