

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Appeal for Claim Denial - [Claim Number]

Dear [Insurance Company Representative's Name],
I am writing to formally appeal the denial of my recent claim, [Claim Number], dated [Date of Service], related to [Patient's Name]. The claim was denied due to [reason for denial, e.g., "non-covered diagnosis code"].

I believe the denial was made in error, and I would like to provide additional information to support my case. According to [specific guidelines, medical documentation, or coding standards], the diagnosis code [DX code] is valid for the treatment provided.

Enclosed are the following documents to support my appeal:

1. Copy of the initial claim
2. Medical records indicating the diagnosis
3. Letters of medical necessity from [Physician's Name]
4. Relevant coding guidelines

I kindly request a thorough review of my appeal. I expect that upon reconsideration, the claim will be accepted and the appropriate reimbursement issued.

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Relationship to the Patient]