

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

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

Subject: Response to Claim ID [Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing in response to your decision regarding my claim (Claim ID: [Claim Number]) submitted on [Date of Claim Submission].

I would like to address the reasons provided for the denial/adjustment of my claim. [Briefly outline the reasons mentioned in their correspondence.]

To support my case, I have included the following documentation:

1. [Document 1]
2. [Document 2]
3. [Document 3]

I respectfully request that you review the additional information and reconsider your decision. I believe that this evidence clearly demonstrates [your argument for approval].

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

Sincerely,

[Your Name]
[Your Policy Number]