

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

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

Subject: Response to Claim Denial - Claim Number [Claim Number]

Dear Claims Adjuster,

I am writing to formally contest the denial of my claim (Claim Number [Claim Number]), which was submitted on [Submission Date] and denied on [Denial Date].

Upon receipt of your denial notice, I reviewed the details of my claim and would like to provide additional information and clarification regarding my situation.

[Provide a brief summary of the claim and the reason for denial, addressing each point mentioned in the denial letter.]

1. ****Reason for Denial****: [State the specific reason]

****Response****: [Provide evidence, such as medical records, bills, or any supporting documents to counter the denial.]

2. ****Additional Information****: [If applicable, include any additional information that supports your claim.]

I believe that the information provided above clearly demonstrates that my claim is valid. I kindly request that you review my case again and reconsider your decision. Attached are the documents referenced herein for your reference.

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]