

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

PhilHealth Claims Review Section

[PhilHealth Office Address]  
[City, State, ZIP Code]

Subject: Appeal for Denied Claim - [Claim Number]

Dear Sir/Madam,

I am writing to formally appeal the denial of my recent claim (Claim No. [insert claim number]) submitted on [insert submission date]. The bill pertains to medical services received on [insert date of service] at [provide name of the hospital or clinic].

Upon review of the denial letter dated [insert date of denial letter], I understand that the claim was denied due to [insert reason for denial as per the letter]. However, I wish to provide additional information that I believe warrants a reconsideration of this claim.

[Insert a brief explanation of the situation, including any relevant details that support your case. Attach any supporting documents such as medical records, invoices, or any correspondence.]

I kindly request that you review my appeal and the additional documentation provided. I appreciate your prompt attention to this matter and look forward to your favorable response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your PhilHealth Number]