

[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 #[Claim Number]

Dear [Insurance Adjuster's Name or Insurance Company],
I hope this letter finds you well. I am writing to formally appeal the denial of my insurance claim #[Claim Number], which was submitted on [Date of original claim submission].

The claim was denied based on [reason provided for denial]. However, I would like to present additional information and documentation that support my case.

[Briefly outline the reasons why you believe the claim should be approved, referencing specific policy details if applicable.]

I have enclosed [list the documents you are including, such as medical records, receipts, photographs, etc.] for your review. I believe these documents clearly demonstrate [explain how this information supports your appeal].

I kindly request a reevaluation of my claim in light of this new evidence. I believe that my policy should cover the incurred costs, and I look forward to resolving this matter promptly.

Thank you for your attention to this appeal. Please feel free to contact me at [your phone number] or [your email address] should you require any further information or clarification.

Sincerely,

[Your Name]

[Your Policy Number]

[Your Signature] (if sending a hard copy)