

[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 Reimbursement - Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally appeal the denial of reimbursement for my recent medical expenses related to [brief description of the service, e.g., "a QHS (Quality Healthcare Services) visit on [date]"].

On [date of service], I received treatment from [Provider's Name] for [specific conditions or services rendered]. Following this treatment, I submitted a claim (Claim #[Claim Number]) for reimbursement, which was unfortunately denied on [date of denial] for the reason of [state reason for denial].

I believe that this denial was in error based on the following points:

1. ****Medical Necessity****: [Provide a brief explanation of the medical necessity of the treatment received.]

2. ****Policy Coverage****: [Cite specific sections of your insurance policy that support your claim for reimbursement.]

3. ****Supporting Documentation****: [List any enclosed documents that support your appeal, such as medical records, billing statements, letters from your provider, etc.]

I kindly request that you review my case again with the enclosed documentation. I believe that my treatment should be covered under the terms of my policy and respectfully seek reimbursement for the amount of [total \$ amount claimed].

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] for any further information needed.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Policy Number]

[Enclosures: List of enclosed documents]