

[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 QHS Benefits Claim Denial - [Claim Number]

Dear [Claims Reviewer's Name or "To Whom It May Concern"],
I am writing to formally appeal the denial of my claim (Claim Number:
[insert claim number]) for QHS benefits, which was received on [insert
date of denial]. I believe that this decision does not accurately reflect
the circumstances of my situation and I am providing additional
information for reconsideration.

[Explain the nature of the medical treatment or service received,
including relevant dates, provider's information, and any related
documentation that supports your appeal.]

The denial letter stated that [insert specific reason for denial].
However, I wish to highlight that [provide counter-arguments supported by
documentation, if available, such as medical records, previous treatment
plans, policy coverage details, etc.].

I respectfully request that you review my case once more with the newly
provided information. I believe this appeal clearly demonstrates that the
services rendered were medically necessary and within the coverage of my
plan.

Thank you for your attention to this matter. I look forward to your
prompt response and a favorable reevaluation of my claim. Please feel
free to contact me at [your phone number] or [your email address] should
you require any further information.

Sincerely,

[Your Name]
[Your Policy Number]
[Attachment: Any relevant documents]