

[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 Reimbursement - [Claim Number]

Dear [Claims Adjuster's Name or Appeals Department],
I am writing to formally appeal the denial of my claim [claim number] related to [specific service or treatment] that took place on [date of service]. The claim was denied on [date of denial], citing [denial reason].

[Provide a brief overview of the situation, including why you believe the claim should be approved. Include any relevant details about the service provided and its necessity.]

Enclosed with this letter are the following documents to support my appeal:

1. Copy of the original claim
2. Explanation of Benefits (EOB) from the insurance company
3. Medical records or letters of medical necessity from my healthcare provider
4. Any additional supporting documents relevant to the case

I kindly request a thorough reevaluation of my claim and the supporting information provided. I believe that the care I received was medically necessary and should be covered under my plan.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Policy Number]