

[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 of Critical Illness Insurance Claim Denial - Policy
Number [Your Policy Number]

Dear [Claims Adjuster's Name or Department],

I hope this letter finds you well. I am writing to formally appeal the denial of my critical illness insurance claim, referenced by your claim number [Claim Number], which was denied on [Denial Date].

I was diagnosed with [specific illness] on [diagnosis date], and I believe my claim meets all the necessary criteria outlined in my policy. The reason for the denial, as stated in your correspondence dated [Denial Letter Date], cited [briefly mention the reason(s) given for denial]. After reviewing my policy and the details surrounding my diagnosis, I would like to provide additional information and clarify any misunderstandings regarding my claim:

1. **[Point 1: Include supporting evidence, medical records, or relevant documentation]**
2. **[Point 2: Address any specific reasons for denial with factual information]**
3. **[Point 3: Include any additional information or arguments that support your case]**

I kindly request that you reconsider your decision based on this new information and grant my claim for benefits. I believe that the attached documents will demonstrate that my case aligns with the policy's terms. 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] if you require further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]