

[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 Coverage of [Service/Procedure Name] - Claim #[Claim Number]

Dear [Insurance Company Representative's Name or "Claims Department"],  
I am writing to formally appeal the denial of coverage for [specific service/procedure] provided on [date of service]. My policy number is [policy number], and the claim number associated with this denial is [claim number].

I received a letter dated [date of denial letter] stating that my claim was denied due to [reason for denial]. I believe this decision should be reconsidered because [provide a brief explanation of your reasons, including any relevant medical necessity, supporting documents, or information].

Enclosed with this letter, you will find the following documents to support my appeal:

- [List supporting documents, e.g., medical records, letters from healthcare providers, etc.]
- [Any additional relevant information]

I respectfully request that you review my situation and reconsider the coverage for the [service/procedure]. The [service/procedure] is essential for my health and well-being, and I believe it falls within the terms of my policy.

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

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]