

[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 Long-Term Care Insurance Claim Denial - [Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],
I am writing to formally appeal the denial of my long-term care insurance claim, referenced by the claim number above, dated [Date of Denial]. I was informed that my claim was denied due to [briefly outline reason for denial].

I believe that my claim should be approved based on the following reasons:

1. [Detail specific reason #1, including supporting evidence or documentation]
2. [Detail specific reason #2, including supporting evidence or documentation]
3. [Detail specific reason #3, including supporting evidence or documentation]

Enclosed with this letter, you will find copies of all relevant documents, including [list documents, e.g., medical records, policy information, etc.].

I respectfully request a reconsideration of my claim based on the information provided. Please let me know if you require any further documentation or clarification.

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]
[Your Policy Number]