

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department/Specific Contact Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Appeal for Claim Denial - Policy Number [Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my recent pet insurance claim (Claim Number: [Claim Number]) submitted on [Submission Date] for my pet, [Pet's Name]. The claim was denied on [Denial Date], and I believe this decision warrants reconsideration due to [briefly state the reasons you believe the claim should be approved].

[Provide detailed explanation of the situation, referencing any relevant policy provisions, documentation, and personal experiences. Include any supporting evidence such as veterinary records, invoices, and any previous communications with your insurance provider.]

I kindly request that you review the attached documentation and reconsider your decision based on the information provided. I believe this appeal demonstrates that the treatment provided falls under the coverage outlined in my policy, specifically [mention any relevant policy terms or coverage details].

Thank you for your attention to this matter. I look forward to your prompt response and hope for a positive resolution.

Sincerely,

[Your Name]

[Policyholder's Signature (if sending a hard copy)]

[Attachments: List of documents you are including with the appeal]