

[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 Denied Claim - [Claim Number]

Dear [Claims Manager's Name],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Date of Claim Denial] regarding [briefly describe the nature of the claim, e.g., "a medical procedure, treatment, or medication"].

After carefully reviewing the denial letter, I believe that the decision was made in error because [state reason(s) for the appeal, e.g., "the service was a medically necessary treatment, and the documentation provided supports this"].

Included with this letter are copies of relevant documents to substantiate my appeal, including:

- [Document 1, e.g., Letter from healthcare provider]
- [Document 2, e.g., Medical records]
- [Document 3, e.g., Previous claim approvals, if applicable]

I respectfully request that you review my case again and reconsider the denial of my claim. My healthcare provider has determined that this treatment is critical for my health, and I am hopeful that you will take my situation into account.

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]