

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

Subject: Appeal for Reimbursement - [Your Policy Number]

Dear [Insurance Company Contact/Claims Department],
I am writing to formally appeal the denial of my reimbursement claim for [specific service or treatment], dated [date of denial], under policy number [your policy number]. I believe this claim was unjustly denied, and I am requesting a thorough review of my case.

Details of the Denied Claim:

- Claim Number: [Claim Number]
- Date of Service: [Date of Service]
- Provider Name: [Provider Name]
- Amount Billed: [Amount Charged]

Reasons for Denial: [Briefly summarize the reasons given for the denial]

I would like to provide additional information that supports the necessity and appropriateness of the treatment I received. [Include a brief explanation of the treatment and why it was medically necessary. Attach any relevant supporting documents, such as medical records or a letter from your healthcare provider.]

Given the circumstances, I kindly request that you reconsider my claim for reimbursement. I appreciate your attention to this matter and look forward to a prompt resolution.

Thank you for your time and assistance.

Sincerely,

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