Appeal Letter for Insurance Claim Denial

Subject: Appeal of Claim Denial - Policy Number: [Policy Number], Claim Number: [Claim Number]

Dear Claims Manager,

I am writing to formally appeal the denial of my insurance claim dated [date], reference number [claim number]. After carefully reviewing the denial letter, I believe the decision was made in error and respectfully request reconsideration.

The denial stated that [specific reason for denial]. However, I believe this decision overlooks several important factors. First, [provide specific counter-argument with evidence]. Additionally, my policy clearly covers [cite specific policy language or section number] which directly applies to my situation.

I have enclosed the following supporting documentation:

- [List all supporting documents: medical records, receipts, police reports, expert opinions, etc.]
- [Additional documentation]
- [Policy sections highlighting coverage]

According to my policy terms, [explain how your situation meets coverage criteria]. The [treatment/repair/service] was medically necessary/required/appropriate because [detailed explanation].

I have been a policyholder with [Insurance Company] for [duration] and have always maintained my premiums in good standing. I trust that upon review of this additional information, you will reconsider your decision.

I request a written response to this appeal within [timeframe per policy] and am available to provide any additional information needed.

Respectfully,

[Your Name]

[Policy Number]

[Contact Information]