

Claim Denial Appeal Letter

Subject: Formal Appeal of Claim Denial - Claim #[Claim Number]

Dear [Insurance Company] Appeals Department,

I am writing to formally appeal the denial of my insurance claim, Claim Number [Claim Number], which was denied on [Date] for the reason stated as [reason for denial].

I strongly disagree with this determination and believe the denial was made in error. The denial letter cited [specific reason], however, this reasoning does not accurately reflect the circumstances of my claim or the terms of my policy.

According to my policy documents, Section [Number] clearly states that [relevant policy language].

The accident on [Date] falls squarely within the coverage parameters outlined in this section. I have thoroughly reviewed my policy and find no exclusions that would apply to my situation.

Furthermore, I have obtained [additional evidence, expert opinion, witness statements] that directly contradicts the basis for the denial. Specifically, [explain the evidence and how it supports your position]. This evidence was not available at the time of the initial claim submission but is now included with this appeal.

I am requesting that you reconsider this denial and process my claim in accordance with the policy terms. I have been a loyal customer for [Number] years with a clean claims history, and I believe I am entitled to the coverage for which I have consistently paid premiums.

If this appeal is not successful, please provide me with a detailed written explanation of the specific policy provisions that support the denial, as well as information about further appeal options, including external review processes or mediation.

I expect a response to this appeal within [timeframe, typically 30 days]. I can be reached at [Phone Number] or [Email Address].

Respectfully,

[Your Name]

[Policy Number]

[Claim Number]

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