

# Health Insurance Appeal Letter

Dear [Insurance Company],

I am writing this appeal letter in response to the denial of coverage for the medical services I received on [date]. I received a notice from your company that my claim for coverage was denied due to [reason for denial]. However, I strongly believe that the services I received were medically necessary and should be covered under my policy.

[Explain the medical condition or procedure you underwent and why it was necessary for your health. Provide any medical documentation or reports to support your claim.]

I understand that insurance companies have to balance costs and benefits, but denying me coverage for medically necessary services places an undue burden on me and my family. I am concerned about the financial impact of paying for these services out of pocket, especially given the high cost of healthcare. The denial of coverage also impacts my ability to receive necessary medical care in the future.

I request that you reconsider your decision and provide coverage for the medical services I received. I am willing to provide any additional information or documentation that may be necessary to support my appeal. Please let me know what steps I need to take to have my appeal reviewed.

Thank you for your attention to this matter.

Sincerely,

[Your Name]