

Formal appeal for denied insurance claim

Subject: Appeal for Denied Health Insurance Claim

Dear Claims Review Department,

I am writing to formally appeal the denial of my recent health insurance claim, reference number [Claim Number], dated [Date]. I respectfully request that you reconsider your decision based on the following information.

The treatment in question was medically necessary as recommended by my primary care physician, Dr. [Doctor's Name]. I have attached medical records, test results, and a letter of medical necessity supporting this claim. The denial letter cited [reason given in denial], however, this treatment directly addresses my diagnosed condition and is essential for my recovery.

I kindly ask that my case be re-evaluated with consideration of the supporting documentation provided. Denying coverage for this treatment could severely impact my health outcomes.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Full Name]

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