

Casual appeal for reconsideration

Subject: Request for Claim Reconsideration

Hi [Insurance Rep's Name],

I recently received a denial notice for my claim #[Claim Number]. I'd like to kindly request a reconsideration, as my doctor has confirmed the treatment is medically necessary.

I've attached the medical documentation for your review. Please let me know if any additional information is needed to process this appeal.

Thanks for your help,

[Your Name]

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