

Health insurance claim appeal

Subject: Appeal for Denied Health Insurance Claim

Dear [Insurance Company Name],

I am writing to formally appeal the denial of my recent claim, reference number [Claim Number], for treatment received on [Date]. The claim was denied due to [Reason Provided in Denial], but I believe this decision was made in error.

Enclosed are supporting documents including medical records, physician notes, and billing statements that justify the claim. I request a reconsideration of my claim and prompt processing in accordance with my policy terms.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Policy Number]

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