

Formal Complaint Letter

Subject: Complaint Regarding Denied Insurance Claim

Dear [Insurance Company Name],

I am writing to formally express my concern regarding the denial of my insurance claim, reference number [Claim Number], submitted on [Date]. I believe this claim has been wrongly rejected and request a thorough review.

The claim pertains to [brief description of the claim, e.g., medical treatment, car accident, property damage]. I have attached all relevant documents, including receipts, medical reports, and previous correspondence.

I respectfully request that you reconsider the decision and provide a detailed explanation for the denial. Your prompt attention to this matter is highly appreciated.

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]

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