Appeal after claim rejection

Subject: Appeal for Denied Medical Claim

Dear [Insurance Company Name],

I am writing to appeal the denial of my medical claim submitted on [Date]. The claim reference number is [Claim Number]. I believe the claim was unjustly denied as the treatment received at [Hospital/Clinic] was medically necessary. Attached are additional supporting documents for your review.

I kindly request a reconsideration of my claim.

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]