Insurance Claim Denial - Professional Appeal

Subject: Appeal of Denied Medical Claim - Policy #[Policy Number]

Dear [Insurance Company Name] Claims Department,

I am writing to formally appeal the denial of my medical claim submitted on [Date] for [Procedure/Treatment Name] performed on [Date of Service]. The claim reference number is [Claim Number].

According to the denial letter dated [Date], the claim was rejected due to [Reason for Denial].

However, I believe this denial is unwarranted for the following reasons:

[Explain why the procedure was medically necessary, citing doctor's recommendations and medical records]

My healthcare provider, Dr. [Name], has confirmed that this treatment was essential for [Medical Condition] and falls within the coverage parameters of my policy. I have enclosed supporting documentation including medical records, physician notes, and relevant policy provisions that demonstrate this claim should be approved.

I respectfully request that you review this appeal and reconsider your decision. Please contact me at [Phone Number] or [Email] if you require additional information.

I look forward to a favorable resolution within the timeframe specified in my policy.

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]