

INSURANCE APPEAL LETTER SAMPLE

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Date: [Current Date]

To: [Insurance Company Name]

Re: Appeal of Claim Denial - Policy #[Policy Number]

Dear Claims Department,

I am writing to formally appeal the denial of my claim for [treatment/procedure/damage] that occurred on [date].

The basis for my appeal is as follows:

1. Medical Necessity: The treatment was medically necessary as documented by my physician, Dr. [Name].
2. Policy Coverage: This treatment falls within the scope of my policy coverage as outlined in Section [X] of my policy.
3. Pre-authorization: I followed all required procedures and obtained pre-authorization as required by my policy.

I have attached supporting documentation including medical records, physician statements, and policy excerpts.

Please contact me at [phone number] or [email] if you need any additional information or clarification.

Sincerely,

[Your Name]

[Your Address]

[City, State ZIP]