

# Sample Appeal Letter for Reconsideration After Insurance Claim Denial

Date: [Insert Date]

## Your Name

[Your Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

## Insurance Company Name

[Claims Department Address]  
[City, State, ZIP Code]

**Subject:** Appeal for Reconsideration of Denied Insurance Claim (Claim Number: [Insert Claim Number])

Dear [Claims Adjuster's Name or "Claims Review Department"],

I am writing to formally appeal the denial of my insurance claim (Claim Number: [Insert Claim Number]), communicated to me on [Date of Denial Letter]. I have carefully reviewed the explanation for denial provided in your correspondence and would like to request a reconsideration of my claim based on the following grounds:

### 1. Reason for Appeal:

The denial letter cites [state specific reason for denial, e.g., "insufficient documentation," "coverage limitation," etc.]. I would like to respectfully clarify and provide additional details regarding my situation:

- [Briefly explain why the denial was incorrect or incomplete. Include policy provisions or factual corrections if available.]

### 2. Supporting Evidence:

I have enclosed the following documents to support my appeal:

- [List all attached supporting documentation, such as medical reports, receipts, photos, previous correspondence, policy excerpts, etc.]

### 3. Request for Review:

Given the information and evidence provided, I respectfully request a thorough and prompt review of my claim. I trust that this additional documentation and clarification will demonstrate my eligibility for coverage as outlined in my policy.

Please let me know if there is any further information or documentation required to facilitate this review. I look forward to your reconsideration of my claim and a favorable resolution to this matter.

Sincerely,  
[Your Name]