

Sample Appeal Letter for Medical Claim Denial That Actually Works

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, Zip Code]

Re: Appeal for Claim Denial [Claim Number]

Dear Claims Review Department,

I am writing to formally appeal the denial of my medical claim [claim number]. According to your letter dated [date of denial letter], my claim was denied due to [state the reason given by the insurance company]. However, I believe this decision was made in error and wish to provide additional context and evidence to support my case.

[Provide a brief overview of the medical issue and treatment received, including dates and healthcare providers involved.]

Upon reviewing the denial reasons, I wish to present the following arguments and supporting documents:

1. [Address the first reason for denial, providing evidence or arguments against it.]
2. [Repeat for subsequent reasons, if applicable.]

I have attached the following documents to support my appeal:

- Medical records from [Doctor/Hospital]
- Letter from my healthcare provider
- [Any other relevant documents]

I respectfully request a thorough review of my appeal and reconsideration of the decision to deny my claim. The treatment in question is crucial for my health and well-being, and I believe the evidence provided supports the necessity and appropriateness of the care received.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] if you require any further information or clarification.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]