

Formal insurance claim dispute

Subject: Appeal for Claim Denial - Policy #[Policy Number]

Dear Claims Review Department,

I am writing to formally appeal the denial of my insurance claim #[Claim Number] dated [Date]. After reviewing your denial letter and policy terms, I believe this decision was made in error and warrants immediate reconsideration.

My original claim was for [description of claim] in the amount of \$[Amount]. The denial was based on [reason given], however, I contend that this reasoning is incorrect for the following reasons:

[Detailed explanation of why denial was wrong, citing policy language, providing additional evidence, etc.]

I have been a policyholder in good standing for [duration] and have consistently paid my premiums on time. This claim falls clearly within my coverage parameters as outlined in Section [X] of my policy.

Enclosed you will find additional documentation including [list of attachments] that supports my position and contradicts the basis for denial.

I request that you reverse this denial decision and process my claim for full payment. If additional information is needed, please contact me immediately rather than issuing another denial.

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

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]

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