**EMAIL TEMPLATE**

**LETTER FOR APPEALING A HEALTH INSURANCE CLAIM DENIAL**

Your Name Your Address

Date

Address of the Health Plan’s Appeal Department

Re: Name of Insured

Plan ID#:

Claim #:

To Whom It May Concern:

I am writing to request a review of your denial of the claim for treatment or services provided by name of provider on date provided.

The reason for denial was listed as (reason listed for denial), but I have reviewed my policy and believe treatment or service should be covered. Here is where you may provide more detailed information about the situation.

Write short, factual statements. Do not include emotional wording. If you are including documents, include a list of what you are sending here.

If you need additional information, I can be reached at telephone number and/or e-mail address. I look forward to receiving your response as soon as possible.

Sincerely,

Signature Typed Name