[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Claims Administrator/Insurance Company]
[Attn: Appeals Department]
[Address]
[City, State, Zip Code]

RE: Notice of Appeal for Claim Denial
Claim Number: [Insert Claim Number]
Date of Service: [Insert Date]
Member ID: [Insert Member ID]

To Whom It May Concern,

I am writing to formally appeal the denial of my claim referenced above. The denial notice stated that the claim was rejected due to missing substantiation records or insufficient documentation.

I believe this claim should be approved as it was for a valid and eligible expense. Please find the enclosed documentation required to substantiate this claim, including:

- Itemized receipts showing the date, provider, and service description.
- An Explanation of Benefits (EOB) from my primary insurance (if applicable).
- [Insert any additional documents, e.g., Letter of Medical Necessity].

With the inclusion of these records, I request that you review the claim again for reimbursement. If any further information is required to process this appeal, please contact me directly at [Your Phone Number].

Thank you for your time and prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List attached documents]