

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

[Date]

[State Department of Insurance Name]
[Consumer Protection/Appeals Division]
[Address]
[City, State, Zip Code]

RE: Formal Appeal of Claim/Coverage Denial

To the Commissioner of Insurance:

I am writing to formally appeal a decision made by [Insurance Company Name] regarding [Claim Number or Policy Number].

On [Date of Denial], I received a formal notice from the insurer denying [describe what was denied, e.g., a medical procedure, an auto repair claim, or policy renewal]. The insurer cited the following reason for the denial: [State the reason provided in the denial letter].

I am contesting this decision because: [Provide a clear explanation of why the denial is incorrect, referencing your policy language or specific facts of the case].

I have already exhausted the internal appeals process with [Insurance Company Name] as of [Date of Final Internal Denial]. Please find the following supporting documents attached:

- The original denial letter from the insurance company.
- The final decision letter from the internal appeal.
- [List any additional evidence, such as medical records, photos, or expert statements].

I request that the Department of Insurance conduct an external review of this matter to ensure my rights under state law and my insurance contract are protected. I look forward to your response regarding the next steps in this investigation.

Sincerely,

[Your Signature]

[Your Printed Name]