Letter to Insurance Company for Claim Reconsideration

A plain, general-purpose letter asking your insurer to reconsider a claim decision - use it when you are not yet ready to file a formal grievance.

HOW TO USE THIS TEMPLATE

- Replace every [bracketed] field with your own details.
- Keep the tone factual. Quote the exact reason and clause from your rejection letter.
- Send it by email to the address in your policy document and keep the sent copy.
- Attach the enclosures listed at the end and refer to them by number.

DATE [DD Month YYYY]

TO The Claims Department
[Insurance Company Name]
[Address from your policy document]
[City, State, PIN]

RE: Request to reconsider claim decision | Policy No: [ ] | Claim No: [ ]

Dear Sir / Madam,

This letter concerns my health insurance claim **[claim number]** under policy **[number]**, for treatment at **[hospital]** from **[dates]**.

Your decision dated **[date]** was to **[reject the claim / settle it for ₹(amount)]** on the ground of **[reason and clause]**. I would like the company to reconsider this decision because **[state your reason in one or two sentences, and name the enclosed document that supports it]**.

WHAT I AM ASKING FOR

Please review the enclosed documents and let me know, in writing, whether the decision will be revised. If it will not, please state the exact clause relied on and the internal appeal procedure and time limit, so that I can take the matter further.

Yours faithfully,

[Signature]
[Your Name]
[Address] - [City, State, PIN]
[Phone] | [Email]

Enclosures

1. Copy of the claim rejection / repudiation letter dated [date]
2. Copy of the policy schedule and wording, with the relevant clauses marked
3. Discharge summary, itemised hospital bill and payment receipts
4. Investigation reports, prescriptions and other medical records

5. Copy of everything submitted with the original claim

ClaimBhai note

This is the lightest-touch option. If you get no response in about 15 days, or the answer is unsatisfactory, move to the Health Insurance Grievance Letter and then the Insurance Ombudsman.