Pre-Existing Disease Claim Rejection Response Letter

Use this when a claim is rejected on the ground of a pre-existing disease (PED) - either an unexpired waiting period or an alleged non-disclosure.

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 Grievance Redressal Officer
[Insurance Company Name]
[Address from your policy document]
[City, State, PIN]

RE: Appeal against rejection for pre-existing disease | Policy No: [ ] | Claim No: [ ] | Rejection dated: [ ]

Dear Sir / Madam,

My health insurance claim **[claim number]** under policy **[number]** has been rejected by your letter dated **[date]** on the ground that the treatment relates to a pre-existing disease, namely **[condition named by the insurer]**.

Why the rejection should be reconsidered

[Use the points that apply:]

1. The condition was first diagnosed on **[date]**, which is after my policy start date of **[date]** - see the enclosed treating-doctor letter and earlier records.
2. I had no diagnosis, treatment or medical advice for this condition before the policy started, so there was nothing to disclose.
3. The pre-existing disease waiting period has, in fact, been completed - counting from my first policy inception date of **[date]**, including credit carried over from **[earlier insurer]** on porting.
4. My policy has been in force continuously for **[number]** months. After 60 months of continuous coverage, a claim cannot be contested on pre-existing-disease grounds except in proven fraud.
5. The condition the insurer calls pre-existing is unrelated to the treatment claimed - **[explain, with the treating doctor's opinion]**.

WHAT I AM ASKING FOR

Please review the enclosed documents and reverse the rejection, settling the claim of ₹[amount]. If the position is maintained, please state the diagnosis date the insurer is relying on, the clause applied, and confirm that the Claims Review Committee approved the decision.

Failing a satisfactory reply within about 15 days, I will approach IRDAI via Bima Bharosa and the Insurance Ombudsman.

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
6. Treating-doctor letter stating the date the condition was first diagnosed
7. Earlier health check-ups or records showing you were undiagnosed when the policy began
8. Portability / continuity documents, if you switched insurers

> **ClaimBhai note**
>
> The two questions are: did the condition exist and stay inside its waiting period, and did you know about it when you bought the policy. Pair this with our guide on pre-existing disease claim rejections.