**Your Name:**

**Your Street Address:**

**Your City, State/Province/Country if needed, Postal Code:**

**Your Phone Number:**

**Your Email Address:**

**Date:**

Attn: Appeals

Seven Corners, Inc.

PO Box 211760

Eagan, MN 55121

RE: **Primary Insured Name (this is the first person listed on the policy)**

 **Name of Person whose claim was denied if different than primary insured**

 **Certificate Number (this can be found on your ID card)**

 **Claim Number (this can be found on claims department letters to you)**

Dear Seven Corners,

You recently denied (or underpaid) the claim referenced above. I do not feel denial (or underpayment) of this claim is justified because: (use additional pages if necessary)

I am attaching additional information I would like for you to review when reconsidering my claim.

(Please note we have an email attachment limit of 25 MB)

If you are attaching items, please describe the attached documents:

Sincerely,

**Your Name**