

# Insurance Claim Inquiry Letter

**Your Name**

Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

**Claims Department**

Insurance Company Name  
Company Address  
City, State, Zip Code

Subject: Inquiry Regarding Denied Insurance Claim #123456

Dear Claims Department,

I hope this message finds you well. I am writing to formally inquire about the denial of my claim, reference number **123456**, submitted on **[Date of Submission]**. I received your notification indicating that my claim was denied due to **[Reason for Denial]**.

Upon reviewing my policy and the details of my claim, I believe that the denial may have been an oversight and would appreciate a reevaluation. I have attached relevant documents and evidence to support my case.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]