

Inquiry for Insurance Payment Record Inclusion

Date: [Insert Date]

To:

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I hope this message finds you well. I am writing to inquire about the inclusion of my insurance payment records for policy number [Insert Policy Number]. As a valued policyholder, it is important for me to ensure that all my payment records are accurately reflected.

Could you please confirm whether my most recent payments have been recorded? Additionally, if there are any discrepancies, I would appreciate your guidance on how to resolve them.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]