

Health Insurance Records Amendment Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Amendment of Health Insurance Records

Dear [Insurance Company Name] Customer Service,

I am writing to formally request an amendment to my health insurance records associated with policy number [Your Policy Number].

Details of the amendment request:

- **Current Record Information:** [Describe the current information that is incorrect]
- **Requested Amendment:** [Describe the correct information you wish to have reflected]
- **Reason for Amendment:** [Provide a brief explanation for the request]

Please find attached relevant documents to support my request. I appreciate your attention to this matter and kindly ask for a prompt response confirming the receipt of my amendment request.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]