

Retroactive Supplemental Insurance Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request a retroactive supplement to my insurance claim for [specific treatment or service] that took place on [date of service]. My policy number is [policy number].

Due to [brief explanation of circumstances, e.g., oversight, miscommunication], I was unable to submit this claim within the normal window. I have attached all relevant documents, including receipts and medical records, to support my request.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to reach me at [your phone number] or [your email] if you need any additional information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]