

# Medical Insurance Claim Appeal Reminder

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to follow up on my previous appeal regarding the claim mentioned above, submitted on [Insert Submission Date]. As of today, I have not received a response or update regarding the status of my appeal.

I kindly request an update on the progress of my claim appeal as it has important implications for my healthcare needs. Please let me know if any additional information is required from my end to expedite the process.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]