

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, ZIP Code]

Subject: Inquiry Regarding Medical Insurance Claim Resolution - [Claim Number]

Dear [Claims Adjuster's Name or Customer Service],

I am writing to inquire about the status of my medical insurance claim ([Claim Number]) related to the services I received on [Date of Service] at [Provider's Name/Facility]. Despite submitting all required documentation, I have not received any updates regarding the resolution of my claim.

Given the urgency of my medical situation and the impact this delay is having on my financial obligations, I would appreciate your prompt attention to this matter. Please provide specific details regarding the current status of my claim and any further information or actions that may be required from my end.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Policy Number]