

Medical Insurance Payment Follow-Up Request

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to follow up on the status of my medical insurance payment for [specific medical treatment or procedure] that took place on [date of service]. My policy number is [your policy number], and the claim reference number is [claim number].

As of today, I have not received confirmation of the payment, and I would appreciate any updates you can provide regarding the processing of my claim. If additional information or documentation is required, please let me know how I can assist.

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

Sincerely,

Your Name