

Medical Insurance Settlement Update Inquiry

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to inquire about the status of my medical insurance settlement for the claim number [Claim Number], which was submitted on [Submission Date]. It has been [duration] since I last received an update, and I would appreciate any information you could provide regarding the progress of my claim.

For your reference, the details of my claim are as follows:

- Policyholder Name: [Your Name]
- Patient Name: [Patient Name]
- Date of Service: [Date of Service]
- Claim Amount: [Claim Amount]

Please let me know if any additional information is required from my side to expedite the process. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]