Claim Follow-Up Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear [Claims Adjuster Name],

I am writing to follow up on my recent critical illness insurance claim filed under policy number [Your Policy Number], submitted on [Date of Claim Submission]. As I have not yet received an update regarding the status of my claim, I would appreciate any information you could provide.

In case you need any further documentation or details to process my claim, please let me know at your earliest convenience. I would be happy to provide anything required to expedite this process.

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

Sincerely,

[Your Name]