

# Subrogation Recovery Demand Letter

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Demand for Subrogation Recovery - Claim #[Claim Number]

We are reaching out regarding the above-referenced claim, which was processed under your health insurance policy. As you are aware, we covered medical expenses related to your treatment as a result of an accident caused by [Third Party's Name/Description].

After a review of the case and the associated medical expenses, we have determined that there is a right to subrogation against [Third Party's Name]. The total amount paid by our company for your medical claims is \$[Amount].

We hereby demand that you take appropriate steps to recover these costs from [Third Party's Name]. Please forward any recovery received from the responsible party to our office at your earliest convenience.

If you have any questions or require further information, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]