

# Health Insurance Claim Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to request verification of the health insurance claim submitted on [insert date of claim submission] for [patient's name]. The claim reference number is [insert claim number].

Please provide me with the status of this claim and any additional information you may require to expedite the verification process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]