

# Claim Verification Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Verification of Claim for Hospitalization Expenses - Claim No: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I, [Your Name], am writing to request verification of my claim for hospitalization expenses incurred during my recent stay at [Hospital Name] from [Start Date] to [End Date]. The claim was submitted on [Submission Date] and is currently under review.

The total amount being claimed is [Total Amount]. This claim is supported by all requisite documentation, including:

- Hospital discharge summary
- Itemized hospital bill
- Doctors' reports
- Receipts for all medical expenses

Kindly verify this claim at your earliest convenience, and let me know if you need any additional information to expedite the process. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]