

Insurance Payment Discrepancy Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to inquire about a discrepancy I have noticed regarding my recent insurance payment. My policy number is [Insert Policy Number], and the payment in question was made on [Insert Payment Date].

According to my records, the amount I expected to be received was [Expected Amount], but I have noted a difference, as the amount received was [Received Amount].

I would appreciate it if you could provide clarification regarding this matter and assist me in resolving this discrepancy at your earliest convenience.

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

Sincerely,

[Your Name]