

# Insurance Reimbursement Mismatch Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

Attn: Claims Department

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I hope this message finds you well. I am writing to address a concern regarding a recent insurance reimbursement that appears to be inconsistent with my expectations based on my policy.

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Upon reviewing the Explanation of Benefits (EOB) I received, I noticed discrepancies in the amounts processed for my recent claim dated [Insert Date of Service]. Specifically, I was expecting a reimbursement of [Insert Expected Amount], but the processed amount was [Insert Processed Amount].

I kindly request a detailed explanation regarding this mismatch as well as a re-evaluation of my claim if appropriate. Please find attached all relevant documents for your reference.

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

Sincerely,

[Your Name]