

Letter of 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's Name],

I hope this message finds you well. I am writing to formally inquire about an issue regarding the allocation of payment for my recent insurance claim, [Claim Number], which was submitted on [Date of Submission].

Upon reviewing the payment statement received on [Date of Payment], I noticed that the payment allocation does not correspond with the expected amounts based on my policy coverage. Specifically, [briefly explain the discrepancy in payment allocation].

I would greatly appreciate it if you could provide clarification regarding this issue and inform me of any additional documentation needed to resolve this matter. My goal is to ensure that the payment allocation accurately reflects the services rendered.

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

Sincerely,

[Your Name]