

Inquiry Regarding Critical Illness Claim Status

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Department,

I am writing to inquire about the status of my critical illness claim submitted on [Submission Date], with the reference number [Claim Number]. I have not received any updates regarding my claim, and I would appreciate any information you can provide.

As per my understanding, the claim was submitted in accordance with the necessary documentation required under my policy [Policy Number]. It has been [Duration Since Submission] since I filed my claim, and I am concerned about the progress.

Please let me know if there are any pending documents or further actions required on my part to expedite the process. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]