

Clarification Request for Medical Claim Documentation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I hope this message finds you well. I am writing to request clarification regarding the documentation required for the processing of my recent medical claim (Claim Number: [Insert Claim Number]).

To ensure that I provide all necessary information and expedite the claim processing, I would appreciate it if you could specify the following:

- Details of the specific medical documents required.
- Any additional forms that need to be completed.
- The deadline for submission of these documents.

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

Sincerely,

[Your Name]