

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear Claims Administrator,

I am writing to follow up on my health insurance claim submitted on [Insert Submission Date], with claim number [Insert Claim Number]. I would like to inquire about the status of my claim as I have not yet received any updates.

It is important for me to know the current status, as well as any additional information or documentation that may be required to expedite the processing of my claim.

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

Sincerely,

[Your Name]