

# Complaint Regarding Health Insurance Claim Handling

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Department/Specific Person's Name],

I am writing to formally express my dissatisfaction regarding the handling of my recent health insurance claim, [Claim Number], submitted on [Date of Submission]. Despite following all necessary procedures and providing required documentation, I have not received a clear explanation for the delay in processing my claim.

On [Date], I filed a claim for [brief description of services rendered], which I believe is covered under my policy [Policy Number]. I have made several attempts to contact your customer service department to inquire about the status of my claim, but the responses have been inadequate and unhelpful.

I would appreciate a prompt investigation into this matter and a detailed update on the status of my claim. As a policyholder, I expect timely communication and effective service from your company.

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

Sincerely,

[Your Name]