

# Claim Adjustment Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the recent adjustment made to my claim, number [Claim Number], submitted on [Submission Date]. I noticed some discrepancies and would like clarification regarding the adjustment details.

Specifically, I would appreciate more information on the following points:

- [Point 1]
- [Point 2]
- [Point 3]

Please let me know if you require any further information from my side to expedite this inquiry. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]