Confirmation Request for Healthcare Claim Reimbursement

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to request confirmation regarding the status of my recent healthcare claim submitted on [submission date], with reference number [claim number]. As of today, I have not received any updates, and I would appreciate your assistance in confirming whether my claim is being processed.

This claim pertains to the medical services received on [date of service] from [provider's name], totaling [amount]. Attached are copies of all relevant documentation for your review.

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

Sincerely,

[Your Name]