

# Insurance Claim Adjustment Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster Name or Department],

I hope this message finds you well. I am writing to inquire about the adjustment process for my insurance claim, referenced by claim number [Insert Claim Number]. I appreciate the efforts made thus far, but I have some questions regarding the adjustments made.

Specifically, I would like clarification on the following:

- [Question/Concern #1]
- [Question/Concern #2]
- [Question/Concern #3]

Please provide any relevant documentation or information concerning the adjustments. I am looking forward to resolving this matter promptly.

Thank you for your attention to this matter. I appreciate your assistance.

Sincerely,

[Your Name]