

Letter of Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Department or Specific Contact Name],

I am writing to formally inquire about the recent denial of my health claim (Claim Number: [Insert Claim Number]) dated [Insert Claim Date]. I would like to request clarification regarding the reasons for this denial, as I believe that my claim meets the necessary criteria for approval.

As per the information I have, my healthcare provider [Insert Provider's Name] has confirmed that the services received were essential for my treatment and were conducted according to the guidelines set forth by my policy. I have attached relevant documentation, including my medical records and bills, for your review.

I would appreciate any further information you could provide regarding this matter, including any additional documentation that might be required to support my claim. Please let me know how I can facilitate this process.

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

Sincerely,

[Your Name]