

Health Insurance Claim Clarification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear [Claims Department/Specific Name],

I am writing to request clarification regarding my recent health insurance claim submitted on [insert submission date] for [brief description of the service or treatment]. I have received a notification indicating [briefly describe the issue or reason for claim denial].

To proceed with my appeal and ensure that all required information is provided, I kindly ask for the following details:

- Explanation of the specific reasons for the claim denial.
- Any additional documentation or information that you require from my side.
- Deadline for the submission of the required information.

Please let me know how I can assist in expediting this process. I appreciate your prompt attention to my request and look forward to your timely response.

Thank you,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]