

Formal Complaint Against Health Insurance Provider

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Department
Health Insurance Provider's Name
Provider's Address
City, State, Zip Code

Dear Claims Department,

I am writing to formally complain about the poor service I have received regarding my health insurance policy (Policy Number: XXXXXXXXX). Despite my repeated attempts to resolve the issues, I have encountered ongoing difficulties that have not been addressed satisfactorily.

Details of the complaint:

- Issue #1: Description of the problem.
- Issue #2: Description of the problem.
- Issue #3: Description of the problem.

I expect a prompt resolution to these issues as well as a written response regarding the actions that will be taken. I would appreciate your immediate attention to this matter, as it has caused undue stress and financial burden.

Thank you for your attention to this issue. I look forward to your swift response.

Sincerely,
Your Name