

Settlement Inquiry for Medical Bills

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inquire about the status of my medical bill settlement relating to the [specific incident or treatment] that occurred on [date]. My policy number is [policy number], and the claim number associated with this matter is [claim number].

I have submitted all the necessary documentation and bills from my healthcare provider, [Provider's Name], totaling [amount]. I would appreciate any updates regarding the processing of this claim and the expected timeline for settlement.

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

Sincerely,

[Your Name]