

# Medical Insurance Correspondence

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Request for Resolution of Unresolved Issues

Dear [Insurance Representative's Name],

I am writing to you regarding my medical insurance policy (Policy Number: [Insert Policy Number]) and the unresolved issues that I have been experiencing. Despite previous communications, I am still facing the following concerns:

- [Briefly describe the first unresolved issue]
- [Briefly describe the second unresolved issue]
- [Add any additional unresolved issues]

These issues have caused significant stress and inconvenience, and I kindly request your urgent attention to resolving them as soon as possible. Please provide an update on the status of my claim and any actions being taken to address these concerns.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]