

Feedback on Medical Insurance Policy

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Subject: Feedback on Policy Dissatisfaction

Dear [Insurance Company Name],

I hope this message finds you well. I am writing to express my dissatisfaction with my current medical insurance policy, [Policy Number], which I have been holding since [Start Date].

Unfortunately, my experience with the coverage and service has not met the expectations I had when enrolling. Specifically, I have encountered issues regarding [briefly explain the issues, e.g., claim denials, lack of coverage, high deductibles, poor customer service].

This experience has been frustrating, and I believe that improvements are necessary to better serve your customers.

I would appreciate your prompt attention to these concerns and any steps you could take to address my experience. Thank you for taking the time to consider my feedback.

Sincerely,

[Your Name]