

Formal Complaint Escalation

Date: [Insert Date]

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [Your City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

To Whom It May Concern,

I am writing to formally escalate my complaint regarding my medical insurance policy with [Insurance Company Name]. My policy number is [Policy Number]. Despite my previous attempts to resolve the issue, I have not received a satisfactory response.

The details of my complaint are as follows:

- **Date of service:** [Date]
- **Description of the issue:** [Brief description of the issue]
- **Previous correspondence reference:** [Reference details]

Given the circumstances, I kindly request a prompt review of my case and an explanation of how my issue will be addressed. Please respond to me in writing at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]