

Grievance Letter Regarding Service Delays

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to formally file a grievance regarding significant delays in the processing of my medical claims for [specific service or treatment], conducted on [date of service]. My policy number is [policy number].

Despite my attempts to follow up, I have experienced prolonged delays without clear communication or resolution. This has resulted in [briefly explain the impact of the delay, e.g., financial burden, lack of medical care, etc.].

I kindly request a prompt review of my case and a detailed explanation regarding the cause of the delays. I expect a resolution to this issue within [reasonable time frame], as outlined in your company's grievance procedures.

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

Sincerely,

[Your Name]