

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to inquire about the adjustment of my insurance deductible for policy number [Your Policy Number]. I believe that an error may have occurred in the processing of my claim dated [Date of Claim] which has resulted in an incorrect deductible amount being applied.

Details of the claim are as follows:

- Claim Number: [Claim Number]
- Date of Incident: [Date of Incident]
- Description of Claim: [Brief Description]

I would appreciate it if you could review my case and provide clarification regarding the deductible adjustment. If additional information is required from my side, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]