

Health Insurance Premium Review Notification

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 Company Representative's Name],

I am writing to formally request a review of my health insurance premium due to the recent medical expenses I have incurred. My policy number is [Insert Policy Number].

As per my records, my recent medical expenses include [briefly list significant medical expenses], which have significantly impacted my financial situation.

I kindly ask that you take these medical expenses into consideration when assessing my current premium rate. Your assistance in this matter would be greatly appreciated.

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

Sincerely,

[Your Name]