

# Inquiry Letter for Medical Insurance Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Employer's Name]

[Employer's Insurance Department]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name or Insurance Department],

I hope this message finds you well. I am writing to formally inquire about the status of my recent appeal regarding my medical insurance claim, which was submitted on [insert date of claim submission]. My claim was for [briefly describe the nature of the claim].

Despite my previous correspondence, I have not yet received a resolution or further information regarding this matter. My reference number for the claim is [insert claim reference number]. I would greatly appreciate any updates you could provide.

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

Sincerely,

[Your Name]