

Request for Clarification on Insurance Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Employer's Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

I hope this message finds you well. I am writing to seek clarification regarding the recent appeal I submitted regarding my insurance claim, referenced under [Claim Number].

Although I received a response on [Date of Response], I have questions regarding the rationale behind the decision. Specifically, I would appreciate more information about [mention specific points of confusion].

Understanding these details is vital for my planning and next steps. I would be grateful for any additional documentation or explanation you could provide regarding the appeal process and the current status of my claim.

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

Sincerely,

[Your Name]