

# Insurance Payment Amount Clarification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to seek clarification regarding the amount of payment I received for my recent insurance claim (Claim Number: [Claim Number]).

Upon reviewing the payment details, I noticed discrepancies that I would like to understand better. Specifically, I would appreciate clarification on the following points:

- [Point 1: e.g., "Breakdown of charges"]
- [Point 2: e.g., "Reason for the deducted amount"]
- [Point 3: e.g., "Eligibility of the claim"]

Please find attached any relevant documents that support my inquiry. I look forward to your prompt response to resolve these concerns.

Thank you very much for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]