## **Health Insurance Claim Follow-Up**

## **Your Name**

Your Address City, State, Zip Code Email Address Phone Number Date: [Date]

## **Insurance Company Name**

Claims Department Insurance Company Address City, State, Zip Code

Subject: Follow-Up on Health Insurance Claim #[Claim Number]

Dear Claims Adjuster,

I am writing to follow up on my health insurance claim submitted on [Submission Date], regarding [brief description of the claim]. My claim number is #[Claim Number].

As of today, I have not yet received any updates regarding the status of this claim. I would appreciate it if you could provide me with an update on the progress and any further information required from my side.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely, [Your Name]