

Health Insurance Premium Adjustment Follow-Up

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Insurer's Contact Name],

I am writing to follow up on my previous request regarding the adjustment of my health insurance premium. My policy number is [Insert Policy Number], and I submitted my request on [Insert Submission Date].

As I have not yet received a response, I would appreciate any updates regarding the status of my request. It is important for me to understand the adjustments being made and any potential impact on my coverage.

Please let me know if you need any further information from my side to expedite this process. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]