

# Claims Process Inquiry Letter

[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 Department/Recipient's Name],

I am writing to inquire about the status of my health insurance claim, which was submitted on [date of claim submission]. My claim reference number is [claim number].

As of today, I have not received any updates regarding the processing of my claim. I would appreciate it if you could provide me with the current status and any additional information required to expedite the process.

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

Sincerely,

[Your Name]