

Insurance Payment Delay Confirmation

Date: [Insert Date]

To: [Adjuster's Name]

[Adjuster's Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Adjuster's Name],

We are writing to confirm the delay in processing the payment for claim number [Claim Number]. After reviewing the current status, we have determined that the payment has been delayed due to [brief explanation of the reason for the delay].

We understand the importance of this matter and are actively working to resolve the issue as quickly as possible. The estimated time frame for processing the payment is [insert estimated time frame]. We appreciate your patience and understanding in this matter.

If you have any questions or require further information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]