

Request for Supplemental Insurance Claim Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I hope this message finds you well. I am writing to request clarification regarding my recent supplemental insurance claim (Claim Number: [Insert Claim Number]). I have reviewed the documentation provided, but I require further details on the determination made concerning my claim.

Specifically, I would like to understand [insert specific issues or areas where clarification is needed]. This information is crucial for me to proceed with my understanding and any potential next steps.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]