

Supplemental Insurance Claim Adjustment Request

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]

Subject: Request for Claim Adjustment - Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally request an adjustment to my supplemental insurance claim with the claim number [Insert Claim Number]. I believe that the initial assessment did not fully consider certain relevant facts that support my case.

Details of the Claim:

- Date of Service: [Insert Date of Service]
- Total Amount Billed: [Insert Amount Billed]
- Amount Paid: [Insert Amount Paid]

Upon reviewing the documentation provided, I have found that [briefly explain the reasons for the adjustment request, e.g., additional medical records, overlooked expenses, etc.]. I have attached [mention any supporting documents you are including] to assist in your review.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Policy Number]