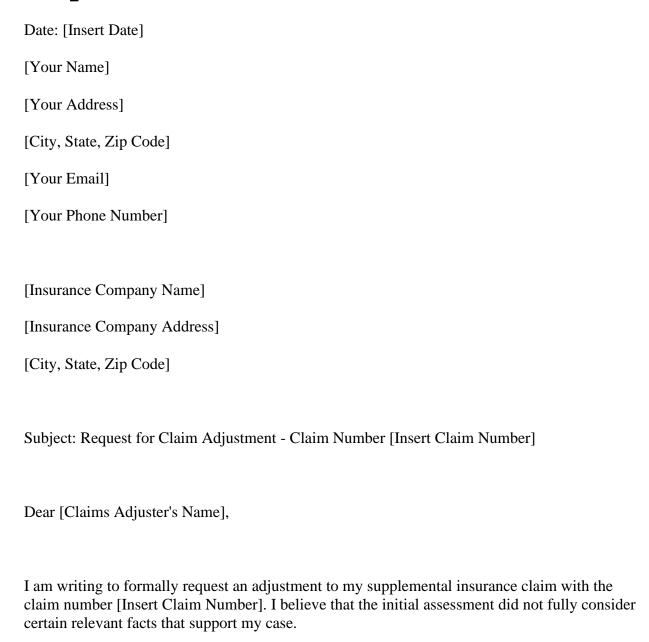
Supplemental Insurance Claim Adjustment Request



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.

hank you for your assistance.	
incerely,	
Your Name]	
Your Policy Number]	