

[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/Specific Contact Name],

I hope this message finds you well. I am writing to inquire about the status of my supplemental insurance claim submitted on [submission date]. My policy number is [policy number] and the claim number is [claim number].

I would like to request an update on the processing of my claim, as I have not received any communication regarding its status. If there are any additional documents or information needed to facilitate the evaluation process, please let me know, and I will provide them promptly.

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

Sincerely,

[Your Name]