

# Claim Coverage Issue Resolution

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 [Claims Adjuster's Name],

I am writing to formally address a concern regarding the coverage issue related to my claim [Claim Number], submitted on [Date of Claim Submission]. It has come to my attention that there may be discrepancies in the assessment of coverage regarding [briefly describe the issue].

According to my policy [Policy Number], I believe that my claim falls under the covered categories, specifically [mention relevant clauses or coverage]. I have attached supporting documents, including [list any relevant documents, e.g., policy excerpts, photos, receipts], to help clarify this matter.

I kindly request a thorough review of my claim and any reconsideration of your previous assessment. I am eager to resolve this matter promptly and would appreciate your response by [insert a timeline for follow-up].

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

Sincerely,

[Your Name]