

Request for Duplicate Coverage Refund

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request a refund for duplicate coverage under my health insurance policy. I recently discovered that I was charged for services that were already covered by my primary insurance. I have attached copies of the relevant documents, including:

- Explanation of Benefits (EOB) from both insurance providers
- Invoices and receipts for medical services

I kindly ask that you review my claim and process a refund for the duplicate charges at your earliest convenience. If you require any further information or additional documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]