

# Letter of Demand for Reimbursement of Insurance Overcharges

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 [Insurance Company Representative],

I am writing to formally demand reimbursement for overcharges that have been applied to my insurance policy [Policy Number] over the past [duration]. Upon reviewing my account statements, I have identified discrepancies that require immediate attention.

Details of the Overcharges:

- Charge Date: [Date] - Amount: [Amount]
- Charge Date: [Date] - Amount: [Amount]
- Charge Date: [Date] - Amount: [Amount]

According to the terms of my policy, I believe these charges are unjustified and I request a full reimbursement totaling [Total Amount]. Enclosed are copies of relevant documents for your review.

I expect your prompt response to this matter, preferably within [number] days. If I do not receive a satisfactory resolution, I will consider further action.

Thank you for your immediate attention to this serious issue.

Sincerely,

[Your Name]