

Resolution Request for Disputed Insurance Fees

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I am writing to formally request a review and resolution regarding disputed fees on my insurance policy, [Policy Number]. I have identified discrepancies that I believe warrant your attention and correction.

Details of the Disputed Fees:

- Description of Fee: [Insert Description]
- Amount Disputed: [Insert Amount]
- Reason for Dispute: [Provide Brief Explanation]

I have attached [mention any documents you are attaching], which supports my claim. I kindly ask that you review this matter at your earliest convenience and provide a response by [insert requested response date].

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

Sincerely,

[Your Name]