

Letter of Mistaken Coverage Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to address a concern regarding the recent coverage assessment communicated to me on [insert date of assessment]. Upon reviewing the details, it appears that there may have been a misunderstanding regarding my coverage.

Specifically, I believe that [insert specific details of mistaken coverage]. I have enclosed relevant documentation for your review, including [list any attached documents].

I would appreciate it if you could review this matter at your earliest convenience. I am confident that together we can resolve this discrepancy swiftly.

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

Sincerely,

[Your Name]