

Accident Claim Adjustment Request

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 [Claims Adjuster's Name],

I am writing to formally request an adjustment to my accident claim regarding the medical expenses incurred as a result of the accident that occurred on [Date of Accident]. My claim number is [Claim Number].

Following the accident, I have been receiving medical treatment, and the total expenses amount to [Total Amount]. I have attached all relevant documentation, including medical bills, treatment records, and any other supporting information regarding my case.

I believe that the initial assessment of my claim may not fully reflect the extent of my medical expenses. Therefore, I kindly request a thorough review and adjustment of my claim to ensure that all costs are properly covered as per my policy terms.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]