

Accident Claim Adjustment Request for Rehabilitation Costs

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],

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

I hope this message finds you well. I am writing to formally request an adjustment for the rehabilitation costs following the accident on [Accident Date]. As you are aware, the injuries I sustained have necessitated ongoing rehabilitation to facilitate my recovery.

Enclosed are the relevant medical records, invoices, and statements from my healthcare provider that outline the treatments required and costs incurred thus far. The current coverage under my policy does not adequately cover these necessary rehabilitation expenses, and I kindly ask for your review and adjustment of the claim to better reflect the financial responsibilities I am facing.

I appreciate your timely consideration of this matter and look forward to your prompt response. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important issue.

Sincerely,

[Your Name]