

Inquiry Regarding Disallowed Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the disallowed claim (Claim Number: [Insert Claim Number]) submitted on [Insert Date of Submission]. I understand that the claim was not approved, and I would like to request further clarification regarding the reasons for the disallowance.

In order to address any issues and ensure the accuracy of my submission, I would appreciate it if you could provide detailed information on why the claim was denied. Additionally, if there are documents or forms I need to resubmit, please let me know.

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

Sincerely,

[Your Name]