

Insurance Reimbursement Clarification Letter

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 Adjuster/Manager's Name],

I hope this message finds you well. I am writing to seek clarification regarding the reimbursement for my recent medical expenses incurred on [date of service]. The claim number associated with this reimbursement request is [claim number].

Upon reviewing the Explanation of Benefits (EOB) I received, I noticed that [briefly describe the discrepancy, e.g., a specific charge was denied, a lower reimbursement amount, etc.]. I would appreciate it if you could provide further details on the following:

- [Specific question about the claim]
- [Another question or detail request]

Thank you for your attention to this matter. I look forward to your prompt response, as it is vital for me to resolve this issue as soon as possible.

Sincerely,

[Your Name]
[Your Policy Number]