## **Insurance Claim Escalation Request**

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name] [Claims Department] [Company Address] [City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally escalate my insurance claim, numbered [Claim Number], regarding [brief description of the claim]. Despite several attempts to resolve this matter, I have not received a satisfactory response.

I submitted my claim on [Claim Submission Date] and have provided all necessary documentation requested. However, I have yet to receive a final decision. This delay has caused significant inconvenience and concern.

I kindly request an expedited review of my claim and a prompt response to my inquiries. I appreciate your attention to this matter and look forward to your timely reply.

Thank you for your understanding.

Sincerely,

[Your Name]