

Appeal for Insurance Billing Information

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally appeal the request for additional billing information regarding my recent insurance claim (Claim Number: [Insert Claim Number]). On [Insert Date], I received a notification stating that further details are needed to process my claim.

As the policyholder, it is imperative for me to understand what specific billing information is required to expedite the process. I would appreciate your prompt assistance in this matter, as it significantly impacts my access to necessary services.

Please provide me with the details of the required information at your earliest convenience. Should you need additional documentation from my side, please do not hesitate to let me know.

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

Sincerely,

[Your Name]