

Insurance Claim Redaction Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request the redaction of certain confidential information from my insurance claim file associated with claim number [Insert Claim Number].

Specifically, I would like to request the removal of the following sensitive information:

1. [List specific information to be redacted]
2. [List any additional information to be redacted]

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at the phone number or email address provided above should you require any further information.

Thank you for your cooperation.

Sincerely,

[Your Name]