

Request for Redaction of Medical Insurance Claims

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 Company Representative's Name],

I am writing to formally request the redaction of certain personal information contained in my medical insurance claims. My policy number is [Policy Number].

The specific information I wish to be redacted includes:

- [Detail specific information to be redacted]
- [Detail specific information to be redacted]

As per the applicable privacy laws and regulations, I believe that my request for redaction is justified to protect my personal and sensitive information.

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

Sincerely,

[Your Name]