

Follow-Up on Insurance Reimbursement Claim

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 [Adjuster's Name or Claims Department],

I am writing to follow up on my worker's compensation insurance reimbursement claim submitted on [Date of Submission]. The claim number is [Claim Number]. As of today, I have not yet received an update regarding the status of my reimbursement.

Given the importance of these funds for my ongoing medical expenses and recovery, I kindly request an update on the progress of my claim. If any additional information or documentation is needed, please let me know, and I will provide it promptly.

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

Sincerely,

[Your Name]