

Insurance Claim Verification Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster Name],

I am writing to request verification of my insurance claim, reference number [Claim Number], submitted on [Submission Date]. I appreciate your attention to this matter and would like to confirm the status of my claim and any additional documentation required from my side.

Please let me know if you need any further information or if there are steps I need to take in order to expedite the verification process. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]