

Insurance Claim Authorization Revocation

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Revocation of Claim Authorization

Dear [Insurance Company Representative's Name],

I am writing to formally revoke my authorization for the insurance claim related to [insert claim number] that was filed on [insert date of claim]. This decision is taken as of [insert date of revocation].

Please remove any permissions granted to [insert third-party name, if applicable] concerning the handling of my claim information.

Thank you for your attention to this matter. Please confirm the revocation of my authorization at your earliest convenience.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]