

Health Insurance Reimbursement Follow-Up

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to follow up on the pending health insurance reimbursement claim submitted on [Insert Date of Claim Submission] for [Insert Patient's Name] under policy number [Insert Policy Number]. The details of the claim are as follows:

- Claim Number: [Insert Claim Number]
- Date of Service: [Insert Date of Service]
- Total Amount Claimed: [Insert Amount]

As it has been [Insert Number of Weeks/Days] since the claim was submitted, I would appreciate any updates regarding the status of this reimbursement. If additional information is required to process this claim, please let me know at your earliest convenience.

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

Sincerely,

[Your Name]