

Health Insurance Claim Inquiry

Your Name: [Your Name]

Your Address: [Your Address]

Your Policy Number: [Your Policy Number]

Date: [Date]

Insurance Company Name: [Insurance Company Name]

Claims Department Address: [Claims Department Address]

Dear Claims Department,

I hope this message finds you well. I am writing to inquire about the status of my health insurance claim submitted on [Date of Claim Submission] under policy number [Your Policy Number].

As of today, I have not received any updates regarding my claim and would appreciate your assistance in providing the current status and any additional information you may require from my side.

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

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]