

Medical Expense Reimbursement Inquiry

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [Your City, State, Zip]

Your Email: [Your Email]

Your Phone Number: [Your Phone Number]

Date: [Today's Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [Insurance Company City, State, Zip]

Subject: Inquiry Regarding Denied Medical Expense Claims

Dear [Insurance Company Contact Name],

I am writing to inquire about the recent denial of my medical expense reimbursement claims submitted on [Date of Submission]. The claims associated with the following services were denied:

- Claim Number: [Claim Number 1] - [Description of Service]
- Claim Number: [Claim Number 2] - [Description of Service]
- Claim Number: [Claim Number 3] - [Description of Service]

I believe these claims were submitted with all necessary documentation and coverage details as outlined in my policy. I kindly request further clarification regarding the specific reasons for the denial.

Attached are the copies of the original claims and the denial letters received for your reference.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you.

Sincerely,
[Your Name]