

[Your Name]
[Your Address Line 1]
[Your Address Line 2]
[City, State ZIP Code]
[Phone Number]
[Email Address]

[Insurance Company Name]
[Claims Department Address Line 1]
[Claims Department Address Line 2]
[City, State ZIP Code]

Date: [Date]

Subject: Follow-Up on Medical Claim #[Claim Number]

Dear Claims Representative,

I am writing to follow up on the status of my medical claim, which was submitted on [Date of Claim Submission] for services received on [Date of Service]. As of today, I have not received an update regarding the processing of this claim.

Claim Details:

• Patient Name: [Patient Name]
• Policy Number: [Policy Number]
• Date of Service: [Date of Service]
• Provider: [Healthcare Provider Name]

Please let me know if any additional information or documentation is required to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]