

[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:

â€¢ Patient Name: [Patient Name]  
â€¢ Policy Number: [Policy Number]  
â€¢ Date of Service: [Date of Service]  
â€¢ 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]