

[Date]

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

Subject: Claim Status Inquiry for Employer-Sponsored Health Plan

To Whom It May Concern, I am writing to inquire about the status of a health insurance claim submitted under my employer-sponsored health plan. Below are the relevant details regarding my claim:

Employee Name: [Employee Name]
Employee ID/Member Number: [ID/Number]
Date of Service: [Date]
Provider Name: [Provider Name]
Claim Number (if available): [Claim Number]

The claim was originally submitted on [Submission Date]. As of today, I have not received an update regarding its status. I would appreciate any information you can provide regarding the progress or processing of this claim. If additional information or documentation is needed from my end, please let me know and I will be happy to provide it. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]
[Contact Information: phone and/or email]
[Employer Name or Company]