

Health Benefit Claim Clarification Request

Date:

To:

Claims Department
[Insurance Company Name]
[Company Address]

From:

[Your Name]
[Your Address]
[Policy Number]

Subject:

Request for Clarification on Health Benefit Claim

Message:

Dear Claims Reviewer,

I am writing to request clarification regarding the processing of my health benefit claim with reference number _____, submitted on _____ (date of submission).

Please provide detailed information about the following:

- Reason(s) for claim denial or partial approval (if applicable)
- Required documentation or additional information (if any)
- Expected timeline for claim resolution
- Any further steps needed on my part

Kindly respond at your earliest convenience. I appreciate your assistance in this matter.

Sincerely,

[Your Name]