

# Health Benefit Claim Clarification Request

Date:

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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,

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[Your Name]