

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

Dear [Insurance Adjuster's Name or Claims Department],

Subject: Diagnosis of Chronic Kidney Disease (CKD)

I am writing to formally inform you of my recent diagnosis of Chronic Kidney Disease (CKD) as assessed on [Date of Diagnosis] by [Doctor's Name], my primary care physician.

The diagnosis was confirmed through a series of tests, including [list specific tests done, e.g., blood tests, urine tests, imaging studies], which indicated a decline in kidney function. The results are as follows:

- Estimated Glomerular Filtration Rate (eGFR): [eGFR value]
- Urine Albumin-to-Creatinine Ratio: [value]
- [Any other relevant findings]

Given the severity of my condition, it is essential to initiate a comprehensive treatment plan, which may include [mention any ongoing treatments or medications prescribed]. This will require ongoing medical care and regular monitoring of my kidney function.

Please consider this letter as part of my insurance claim for coverage regarding treatment related to my CKD diagnosis. Attached are copies of my medical records and test results that substantiate my condition.

I appreciate your prompt attention to this matter and look forward to your assistance with my claim. Please do not hesitate to contact me if you need any further information.

Thank you for your understanding.

Sincerely,

[Your Name]  
[Policy Number]