

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Inquiry Regarding Medical Claim [Claim Number]

Dear [Claims Department/Specific Contact Name],

I hope this letter finds you well. I am writing to inquire about the status of my recent medical claim, referenced above, which was submitted on [Submission Date].

The details of the claim are as follows:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date of Service]
- Provider Name: [Healthcare Provider Name]

I would appreciate any updates regarding the processing of this claim and any additional information or documentation you may require from my end.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]