

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

[Date]
[Recipient's Name]
[Title]

[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Application for EOB (Explanation of Benefits)

I hope this letter finds you well. I am writing to formally request an Explanation of Benefits (EOB) regarding my recent healthcare claim, [Claim Number], submitted on [Submission Date].

As per my insurance plan, I am entitled to receive detailed information concerning the processing of my benefits. Specifically, I would appreciate clarity on the following aspects:

1. ****Claim Details****: A breakdown of the services provided, including dates and providers.
2. ****Coverage Explanation****: Information regarding what portions of the services were covered under my plan.
3. ****Payment Status****: Confirmation of any payments made to the healthcare provider and what remains outstanding.
4. ****Appeal Process****: Details of any denied claims and the steps required to appeal if necessary.

I believe that having a comprehensive EOB will assist me in understanding my benefits and any potential obligations I may have. Please let me know if you require any further information from my end to facilitate this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Policy Number]