

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

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

Subject: Inquiry Regarding Medical Reimbursement for Claim #[Claim
Number]

Dear [Insurance Representative's Name],

I hope this letter finds you well. I am writing to inquire about the
status of my medical reimbursement claim submitted on [Submission Date]
for services rendered on [Service Date]. The claim number is #[Claim
Number].

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

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

Sincerely,

[Your Name]
[Your Policy Number]