

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

[Date]

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

RE: Follow-Up on Denied Claim and Medical Questionnaire

Claim Number: [Policy/Claim Number]
Patient Name: [Patient Name]
Date of Service: [Date]

Dear [Name of Contact Person],

I am writing to follow up on the status of my denied claim referenced above. I received your notice dated [Date of Denial Letter] stating that the claim was denied pending the completion of a medical questionnaire.

I submitted the completed medical questionnaire and all requested documentation to your office on [Date Questionnaire was Sent] via [Method of Delivery, e.g., Certified Mail/Email/Fax].

As of today, I have not received notification that the information has been processed or that the claim status has been updated. Please confirm receipt of these documents and provide an estimated timeline for the re-evaluation of this claim.

Attached to this letter is a duplicate copy of the completed questionnaire and supporting medical records for your convenience. I look forward to your prompt response regarding the resolution of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents, e.g., Medical Questionnaire, Physician Notes]