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

[Date]

[Recipient Name]
[Recipient Title]
[Company/Agency Name]
[Address]
[City, State, Zip Code]

RE: Extension Request for Claim Substantiation
Claim Number: [Insert Claim Number]
Deadline Date: [Insert Original Deadline]

Dear [Recipient Name],

I am writing to formally request an extension of time to submit the required substantiation records for the above-referenced claim. The current deadline for submission is [Insert Original Deadline].

I am requesting this extension because [Insert Reason: e.g., I am awaiting medical records from a third-party provider / I have experienced a family emergency / I require additional time to locate historical financial documents].

I am working diligently to gather the necessary documentation and expect to have all materials ready for submission by [Insert Requested New Deadline Date].

Please let me know if this request is acceptable or if you require any additional information to process this extension. Thank you for your time and consideration.

Sincerely,

[Your Signature]

[Your Printed Name]