

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

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

RE: Claim Processing Status and Records Request

Patient Name: [Patient Full Name]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim Number: [Claim Number (if known)]
Date of Service: [Date]

To the Claims Department,

I am writing to formally inquire about the processing status of the medical claim referenced above. It has been [Number] days since the claim was submitted, and I have not yet received an Explanation of Benefits (EOB) or a notification of payment.

Please provide a written update regarding the current status of this claim. If the claim has been denied or is being held, please specify the exact reasons for the delay or denial.

Furthermore, if additional information is required from the treating physician to move this claim forward, please provide a formal request for medical records. Specifically, please list any required:

- Clinical notes or office visit summaries
- Diagnostic test results
- Treatment plans
- Proof of medical necessity

I have also copied the treating physician, [Physician Name], on this letter to facilitate the prompt transfer of any requested documentation. Please notify me immediately if there are any outstanding requirements on my part.

Thank you for your prompt attention to this matter. I look forward to your response within [Number] business days.

Sincerely,

[Your Signature]
[Your Printed Name]

cc: [Physician Name/Medical Practice Name]