

[Date]

[Member Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Delay Regarding Coverage Modification Request

Dear [Member Name],

This letter is to inform you that we are still reviewing your request for a coverage modification regarding [Policy/Plan Number].

We initially expected to provide a final decision by [Original Expected Date]. However, we require additional time to complete our assessment due to the following reason(s):

- [Reason 1: e.g., Pending receipt of additional medical records]
- [Reason 2: e.g., Further internal administrative review]

We now anticipate providing you with a formal determination no later than [New Expected Date].

Please note that your current coverage remains in effect without changes while this request is pending. No action is required from you at this time unless you receive a specific request for information from our office.

If you have any questions, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Department]
[Company Name]