DATE

***Via Certified Mail***

***Return Receipt Requested***

Insurance Company Name

ATTN: Dept.

Street Address

City, State, Zip

 **RE: Case Caption (if applicable)**

 **Beneficiary’s Name (Last, First)**

 **Policy No. or HICN No. (if applicable)**

 **DOB: xx-xx-xxxx / DOD: xx-xx-xxxx (if applicable)**

 **DOL: xx-xx-xxxx**

To Whom It May Concern,

Our office represents (client name) (, as Administrator or Executor of the Estate (if applicable)) in a case (or claim) filed against (defendant or negligent party name) alleging \_\_\_\_\_\_\_\_\_. Please let me know if (insurance company) has a subrogation interest in this case (or claim), and if so, please provide me a copy of your itemized summary for the amount (insurance company’s name) expects to be reimbursed.

Enclosed for your records is a signed HIPAA (and POA or Letter of Office, if applicable). If you would like to discuss this case further, please call me at (your number). Thank you in advance for your assistance and cooperation.

Sincerely,

Your Name

Enclosure(s)