

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Health Insurance Claim Submission

Dear [Claims Department/Specific Person's Name],
I hope this letter finds you well. I am writing to formally submit a claim for health insurance coverage for [brief description of the medical treatment, service, or procedure, e.g., "an emergency surgery on April 15, 2023"].

Policyholder Name: [Your Name]
Policy Number: [Your Policy Number]
Claim Number (if applicable): [Your Claim Number]
Details of Medical Treatment:

- Date of Service: [Date]
- Provider Name: [Provider's Name]
- Provider Address: [Provider's Address]
- Amount Charged: [Total Amount]
- Description of Services: [Brief Description]

I have included the necessary documents to support my claim, including:

1. Itemized bill from the healthcare provider
2. Explanation of Benefits (EOB) from my previous claims
3. [Any additional documents, e.g., receipts, medical records]

Please let me know if you need any further information to process my claim. I appreciate your prompt attention to this matter and look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]