

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

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

Subject: Vision Insurance Claim Submission

Dear Claims Department,

I am writing to formally submit a claim for vision insurance benefits, as per my policy [Policy Number].

Details of the claim are as follows:

- Patient Name: [Your Name]
- Patient ID: [Patient ID or Member Number]
- Date of Service: [Date of Service]
- Provider Name: [Vision Care Provider's Name]
- Claim Amount: [Total Amount Billed]

Enclosed are the following documents to support my claim:

1. Itemized invoice/receipt from the provider
2. Copy of my insurance card
3. Any additional supporting documentation

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

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]