

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

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

Subject: Medical Insurance Claim - [Claim Number or Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],
I am writing to formally submit a claim for medical expenses incurred on
[Date of Service] due to [brief description of the medical condition or
treatment]. Please find the details of the claim below:

- **Patient Name:** [Patient's Name]
- **Policy Number:** [Your Policy Number]
- **Claim Number:** [Your Claim Number]
- **Date of Service:** [Date]
- **Provider Name:** [Healthcare Provider's Name]
- **Total Amount Claimed:** [\$ Amount]

Attached, you will find the following documents to support my claim:

1. Itemized bills from the healthcare provider
2. Explanation of Benefits (EOB)
3. Medical records (if applicable)
4. Any other relevant documentation

I trust that you will process this claim promptly. If you require any
further information, please do not hesitate to contact me at [Your Phone
Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

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