

[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: Medical Insurance Claim - Policy #[Your Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to submit a claim for medical expenses incurred on [Date of Service] for [brief description of the medical service or procedure].

The details of the claim are as follows:

- Patient Name: [Patient's Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date of Service]
- Provider Name: [Healthcare Provider's Name]
- Total Amount: [Total Amount Billed]

Enclosed with this letter are the following documents to support my claim:

1. Itemized bill from the healthcare provider
2. Proof of payment
3. Medical records (if applicable)
4. Claim form (if required by your insurance company)

I kindly request that this claim be processed at your earliest convenience. If you need any additional information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

Enclosures: [List of enclosed documents]