

[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 for [Patient's Name] - Policy Number:  
[Policy Number]

Dear [Insurance Company Claims Department/Specific Claims Adjuster's  
Name],

I am writing to formally submit a claim for medical expenses incurred by  
[Patient's Name] in relation to [brief description of the medical  
treatment or service, e.g., surgery, hospital stay, appointment]. This  
incident occurred on [Date of Service] at [Provider's Name and Location].  
Enclosed with this letter are the following documents to support this  
claim:

1. Completed claim form
2. Itemized billing statement from the service provider
3. Proof of payment
4. Medical reports related to the treatment received
5. Other relevant documentation (if applicable)

The total amount I am claiming is [Total Amount]. According to my policy  
[Policy Number], I understand that these expenses are covered under  
[specific coverage details].

Please process this claim at your earliest convenience. Should you need  
any further information or clarification, please do not hesitate to  
contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your  
prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Relation to Patient, if applicable]