

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

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

Subject: Medical Insurance Claim for [Patient's Name]

Dear [Claims Department/Specific Person's Name],

I am writing to submit a claim for medical expenses incurred by
[Patient's Name], who is covered under policy number [Policy Number].

Details of the claim are as follows:

- **Patient's Name:** [Patient's Full Name]
- **Date of Service:** [Date(s) of Treatment]
- **Provider's Name:** [Healthcare Provider's Name]
- **Invoice Number:** [Invoice Number]
- **Total Amount Charged:** [Total Amount]

Attached to this letter are copies of the following documents:

1. Itemized invoice from the healthcare provider
2. Proof of payment
3. [Any other relevant documents]

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

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]