

[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 Reimbursement Claim

Dear Claims Department,

I am writing to formally submit a claim for reimbursement for medical expenses incurred on [date(s) of service] related to [description of medical service or treatment]. My policy number is [your policy number], and I am the insured individual.

Enclosed with this letter are the following documents:

1. Itemized billing statements from the healthcare provider.
2. Proof of payment (receipt or credit card statement).
3. Relevant medical records (if applicable).
4. Completed claim form (if required).

The total amount I am seeking reimbursement for is [total amount]. I believe these expenses are covered under my policy as they relate to [brief explanation of why the service is covered].

Please process my claim at your earliest convenience. If you require any additional information or documentation, feel free to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

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