

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

[Insurance Company Name]
[Claim Department or Relevant Department]
[Insurance Company Address]
[City, State, Zip Code]

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

Dear [Claims Adjuster/Insurance Company Name],

I am writing to submit a claim for medical expenses incurred by
[Patient's Name] on [Date(s) of Service]. The services provided include
[brief description of services rendered, e.g., surgery, consultation,
etc.].

Enclosed are the following documents for your review:

1. Itemized bill from [Provider's Name]
2. Explanation of Benefits (if applicable)
3. [Any other relevant documents, e.g., medical records, referral letters, etc.]

I kindly request prompt processing of this claim and look forward to your
timely response. Should you need any further 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]
[Policy Number] (if applicable)