

[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/Identity]

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

Details of the Claim:

- Patient Name: [Patient's Name]
- Policy Number: [Policy Number]
- Date(s) of Service: [Date(s) of Service]
- Provider Name: [Provider's Name]
- Description of Service: [Brief Description of Services Rendered]
- Total Amount Billed: [Total Amount]

Enclosed with this letter, you will find copies of the following
documentation to support my claim:

1. Itemized invoice from the healthcare provider
2. Medical records (if applicable)
3. Proof of Payment (if applicable)
4. Any other relevant documents

I kindly request your prompt attention to this matter and look forward to
your confirmation regarding the processing of this claim. If you require
any further information, please do not hesitate to contact me at [Your
Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

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