

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

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

Subject: Insurance Claim for Medical Services

Dear [Claims Adjuster's Name or "Claims Department"],

Policy Number: [Your Policy Number]

Claim Number: [If applicable]

I am writing to formally submit a claim for medical services received on
[Date of Service] at [Name of Medical Facility or Provider].

Details of the Claim:

- Patient Name: [Patient's Name]
- Date of Service: [Date]
- Provider: [Provider's Name]
- Service Rendered: [Description of Services]
- Total Cost: [Amount]

Enclosed with this letter are the following documents:

1. Itemized bill from the healthcare provider
2. Explanation of Benefits (EOB) (if applicable)
3. Medical records (if available)

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

Thank you for your attention to this matter.

Sincerely,

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