

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

[Recipient's Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Explanation of Medical Claim - [Claim Number]

Dear [Recipient's Name],

I am writing to provide a concise explanation regarding my recent medical claim submitted on [Date of Service] for [Patient's Name].

The claim was for [briefly describe the medical service or procedure] performed by [Provider's Name/Facility]. The total amount billed was [Amount], and the requested reimbursement is [Requested Reimbursement Amount].

The service was necessary due to [brief explanation of medical necessity or diagnosis]. [Include any additional relevant information, such as pre-authorization details or supporting documents attached.]

Please let me know if further information is needed to expedite the processing of this claim.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Policy Number]