

****Healthcare Claim Letter Template****

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Reimbursement/Claim Submission for [Patient's Name or Policy Number]

Dear [Claims Department/Specific Contact Name],

I am writing to formally submit a claim for reimbursement regarding

[medical service/provider name], which took place on [date of service].

My policy number is [policy number], and the patient's name is [patient's name].

****Details of the Claim:****

- ****Date of Service:**** [insert date]

- ****Provider Name:**** [insert provider's name]

- ****Claim Amount:**** [insert amount]

- ****Description of Services Rendered:**** [briefly describe the service]

- ****Reason for Claim Submission:**** [brief explanation if necessary]

Attached to this letter, please find the following documents to support my claim:

1. Copy of the itemized bill
2. Explanation of Benefits (EOB) from the provider
3. Medical records (if applicable)
4. Any additional documentation required

I kindly request that you review my claim and process the reimbursement at your earliest convenience. Should you need any further information or clarification, please do not hesitate to contact me at [phone number] or [email address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Policy Number] (if not included above)

****Attachments:****

[List of attachments]