

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

[Insurance Company Name]  
[Claims Department Address]  
[City, State, ZIP Code]

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

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for medical expenses incurred for [Patient's Name] on [Date(s) of Service]. The details of the services rendered are as follows:

- Provider Name: [Healthcare Provider's Name]
- Date of Service: [Date]
- Description of Services: [Brief description of services received]
- Total Amount Billed: [\$Amount]

Enclosed are the necessary documents to support this claim, including:

1. Copy of the itemized bill
2. Proof of payment (if applicable)
3. Medical records (if necessary)
4. Any other relevant documentation

According to my policy [Policy Number], I believe these services are covered, and I would appreciate your prompt attention to this matter. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your assistance in processing this claim. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Policy Number] (if applicable)

[Enclosures: Itemized bill, proof of payment, etc.]