

[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 Expenses

Dear [Claims Adjuster's Name or "Claims Department"],  
I am writing to formally submit a claim for medical expenses incurred during my recent treatment. Below are the details of the claim:

**\*\*Policyholder Information:\*\***

- Name: [Your Name]
- Policy Number: [Your Policy Number]

**\*\*Treatment Details:\*\***

- Date of Service: [Date of Treatment]
- Provider Name: [Medical Provider Name]
- Total Amount: [Total Medical Expense Amount]

**\*\*Description of Treatment:\*\***

[Brief description of the medical treatment or procedure that was performed.]

Please find attached all relevant documents, including:

- Copies of medical bills
- Explanation of Benefits (EOB)
- Any other supporting documents

I would appreciate your prompt attention to this matter, and I look forward to your response. If you need any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]