

[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 Payment Request

Dear [Claims Adjuster's Name/Claims Department],
I hope this letter finds you well. I am writing to formally request the payment for a medical claim related to services received on [Date of Service]. Below are the details of the claim:

- **Policy Number:** [Your Policy Number]
- **Claim Number:** [Your Claim Number]
- **Patient Name:** [Patient Name]
- **Provider Name:** [Healthcare Provider Name]
- **Date of Service:** [Date]
- **Total Amount Billed:** [Total Amount]
- **Amount Covered by Insurance:** [Amount Covered]
- **Amount Due:** [Outstanding Amount]

I have attached all relevant documents, including the itemized bill, medical records, and any previous correspondence related to this claim. I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Policyholder's Name (if different)]