

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

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

Subject: Medical Claim Submission

Dear [Claims Department/Specific Contact Name],
I am writing to submit a medical claim for services received on [Date of Service] at [Provider/Hospital Name]. Below are the details pertaining to this claim:

- **Patient Name:** [Patient's Name]
- **Policy Number:** [Your Insurance Policy Number]
- **Claim Number (if applicable):** [Claim Number]
- **Date of Service:** [Date]
- **Provider Name:** [Provider/Hospital Name]
- **Description of Services Rendered:** [Brief Description of Services]
- **Total Amount Billed:** [Total Amount]

Enclosed are the relevant documents to support this claim, which include:

1. Itemized bill from the provider
2. Copy of the insurance policy
3. Medical report/consultation notes (if applicable)
4. Any other supporting documentation

I kindly request that you process this claim at your earliest convenience. Please let me know if you need any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]