

[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 Claims Request

Dear [Claims Department/Specific Person's Name],
I hope this letter finds you well. I am writing to formally request the processing of my medical claim related to [brief description of the medical service or treatment].

Policy Number: [Your Policy Number]

Claim Number: [Claim Number, if applicable]

Date of Service: [Date of Service]

Provider Name: [Healthcare Provider's Name]

Enclosed are the following documents to support my claim:

1. [List of enclosed documents, e.g., medical bills, receipts, treatment records]
2. [Any additional required documents]

I kindly ask that you review my claim and process it at your earliest convenience. Should you require any further information or clarification, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]