

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

[Insurance Company's Name]  
[Insurance Company's Address]  
[City, State, Zip Code]

Subject: Medical Expense Claim - Policy Number [Your Policy Number]

Dear [Claims Department/Specific Person's Name],

I hope this letter finds you well. I am writing to formally submit a medical expense claim for reimbursement. Please find the details regarding my medical treatment below:

**\*\*Patient Information:\*\***

- Patient Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

**\*\*Details of Medical Service:\*\***

- Date of Service: [Date of Treatment]
- Provider Name: [Name of the Healthcare Provider]
- Provider Address: [Address of the Healthcare Provider]
- Description of Service: [Brief description of the treatment received]
- Total Amount: \$[Total Amount Charged]

**\*\*Attachments:\*\***

- Itemized medical bill
- Explanation of Benefits (if applicable)
- Proof of payment (if applicable)
- [Any additional documents, if required]

I kindly request that the enclosed documents be processed for reimbursement in accordance with my insurance policy. Please let me know if you require any further information to expedite the processing of my claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]