

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Request for Medical Claim Processing

Dear [Insurance Company Contact/Claims Department],
I hope this letter finds you well. I am writing to formally request the processing of a medical claim for services rendered on [date of service] at [name of healthcare provider or facility].

Patient Information:

- Patient Name: [Patient's Name]
- Policy Number: [Policy Number]
- Claim Number (if applicable): [Claim Number]

Details of Services Provided:

- Provider Name: [Healthcare Provider's Name]
- Description of services received: [Brief description of services]
- Total amount billed: [Total Amount]

Enclosed, please find the following documents to support my claim:

1. Copy of the medical bill
2. Explanation of Benefits (if applicable)
3. [Any other relevant documentation, such as prescription receipts, referral letters, etc.]

I kindly request that you expedite the review process and inform me of any additional information you may require. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Enclosures: List of enclosed documents]