

[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 - Policy No: [Your Policy Number]

Dear [Claims Department/Specific Person's Name],
I am writing to submit a medical claim for [brief description of the medical service or treatment], which was performed on [date of service] at [name of the medical facility or provider].

Please find attached the following documents to support my claim:

1. Completed claim form
2. Itemized bill from the healthcare provider
3. Copy of my insurance card
4. Any pertinent medical records (if applicable)

The total amount for the services rendered is [total amount]. I kindly request that you review my claim and process the reimbursement as per the terms of my policy.

Should you need any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

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

Sincerely,

[Your Name]
[Your Policy Number]