

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

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

Subject: Medical Insurance Claim Submission

Dear [Claims Adjuster/Relevant Department],

I hope this letter finds you well. I am writing to formally submit a claim for medical expenses incurred during my treatment on [Date of Treatment] for [Medical Condition/Procedure], as covered under my health insurance policy.

Policy Information:

- Policyholder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Group Number: [Your Group Number, if applicable]

Details of the Claim:

- Provider Name: [Healthcare Provider's Name]
- Treatment Date: [Date of Treatment]
- Description of Services: [Brief Description of Treatment/Services Provided]
- Total Amount Charged: [Total Amount]

Attached to this letter, I have included the following documents to support my claim:

1. Itemized medical bills
2. Explanation of Benefits (EOB) from the healthcare provider
3. Any necessary medical records or notes
4. [Any other supporting documents, if applicable]

I kindly request that you process this claim at your earliest convenience. If you need any more information or further 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 Signature (if sending a hard copy)]
[Your Printed Name]