

[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 Explanation of Benefits (EOB) Claims Application

Dear Claims Department,

I hope this letter finds you well.

I am writing to formally request an Explanation of Benefits (EOB) for the claims associated with my recent medical treatment. Below are the details relevant to my request:

- **Policyholder Name**: [Your Name]
- **Policy Number**: [Your Policy Number]
- **Claim Number**: [Claim Number, if available]
- **Date of Service**: [Date of Service]
- **Provider Name**: [Name of Healthcare Provider]

I appreciate your attention to this matter and look forward to receiving the necessary documentation for my records. If you require any additional information, please feel free to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]