

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

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

Subject: Insurance Claim for EpiPen Usage

Dear Claims Department,

I am writing to submit a claim for coverage regarding the use of my EpiPen on [date of incident]. I am a policyholder with your company, and my policy number is [Your Policy Number].

On the aforementioned date, I had a severe allergic reaction due to [brief description of the allergen]. I administered my EpiPen as per my doctor's instructions and the device was crucial in managing my condition.

Please find attached the following documents to support my claim:

1. Copy of the EpiPen prescription
2. Medical report from [Doctor's Name/Facility]
3. Receipt for the EpiPen purchase
4. Any other relevant documentation

I appreciate your prompt attention to this matter and look forward to your response. Should you require any additional information, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Typed Name]