

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

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

Subject: Insurance Claim for Lymphatic Drainage Massage Treatment

Dear [Claims Adjuster's Name],

I am writing to submit a claim for coverage of lymphatic drainage massage treatments I received, as prescribed by my healthcare provider. Below are the details of my claim:

**\*\*Patient Information:\*\***

Name: [Your Name]  
Policy Number: [Your Policy Number]  
Date of Birth: [Your Date of Birth]

**\*\*Treatment Details:\*\***

Provider's Name: [Massage Therapist/Clinic's Name]  
Provider's Address: [Provider's Address]  
Date(s) of Service: [Date(s) of Treatment]  
Total Cost: [Total Amount Billed]

**\*\*Reason for Treatment:\*\***

I was advised to undergo lymphatic drainage massage due to [medical reason or condition, e.g., post-surgery recovery, lymphedema, etc.].

**\*\*Attached Documents:\*\***

1. Copy of the professional treatment receipt
2. Prescription or recommendation letter from my healthcare provider
3. Any other relevant documentation

I kindly request that you review my claim and process it for reimbursement at your earliest convenience. Please feel free to contact me should you require any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

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