

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

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

Subject: TB Testing Claim Submission

Dear Claims Department,

I am writing to submit a claim for reimbursement related to tuberculosis (TB) testing that was conducted on [Date of Test] at [Testing Facility Name].

Details of the service are as follows:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Date of Service: [Date of Test]
- Reason for Testing: [Brief explanation]
- Amount Billed: [Total Amount Charged]
- Amount Paid: [Amount Already Paid if Applicable]

I have attached the following documents to support my claim:

1. Copy of the TB test result
2. Itemized bill from the testing facility
3. Proof of payment (if applicable)

Please let me know if any further information is required to process this claim. Thank you for your attention to this matter.

Sincerely,

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