

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

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

Subject: TPA Application for Insurance Claims - [Your Policy Number]

Dear [Claims Department/Specific Person's Name],
I hope this letter finds you well. I am writing to formally submit my application for the Third Party Administrator (TPA) processing of my insurance claims under policy number [Your Policy Number].

Details of the claim are as follows:

- Claimant Name: [Your Name]
- Date of Incident: [Date of Incident]
- Nature of Claim: [Brief Description of the Claim]
- Amount Claimed: [Claim Amount]

Enclosed with this letter are all necessary documents supporting my claim, including:

1. Claim form
2. Policy document
3. Medical reports (if applicable)
4. Bills/receipts
5. Any other relevant documents

I kindly request that you process my claim at your earliest convenience and keep me updated regarding the status. Should you require any further information or documentation, please do not hesitate to contact me at the provided phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]