

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

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

Subject: Health Insurance Claim Submission

Dear [Claims Department/Specific Contact Name],
I hope this letter finds you well. I am writing to formally submit a health insurance claim for medical expenses incurred on [Date of Service] related to [brief description of the medical condition or treatment].

Claim Details:

- Policy Holder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Date of Service: [Date]
- Provider/Facility Name: [Provider Name]
- Total Amount Claimed: [Total Amount]

Enclosed, please find the following documents to support my claim:

1. Itemized invoice from the healthcare provider
2. Proof of payment
3. [Any additional documents, if required]

I would appreciate your prompt attention to this matter and look forward to your response regarding the processing of my claim. Should you need any further information, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,

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