

Insurance Claim Application

From:

John Doe

123 Main Street

City, State, Zip Code

Email: johndoe@example.com

Phone: (123) 456-7890

To:

Claims Department

ABC Insurance Company

456 Insurance Ave

City, State, Zip Code

Date: October 1, 2023

Subject: Application for Insurance Claim for Health Expenses

Dear Claims Officer,

I am writing to formally submit a claim for reimbursement of health expenses incurred during my recent medical treatment. My policy number is ABC123456.

Details of the treatment are as follows:

- **Date of Service:** September 15, 2023
- **Provider Name:** Dr. Jane Smith
- **Services Rendered:** Consultation and treatment for respiratory issues
- **Total Amount:** \$500.00

Attached are the copies of the medical bills, payment receipts, and my insurance card for your reference.

I kindly request that you process my claim at your earliest convenience. Should you require any additional information, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

John Doe