

Insurance Claim Submission

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Date]

Policy Holder: [Your Name]

Policy Number: [Your Policy Number]

Claim Number: [Claim Number, if applicable]

Dear Claims Department,

I am writing to formally submit a claim for orthopedic surgery that was performed on [Date of Surgery] by Dr. [Surgeon's Name] at [Facility/Hospital Name]. The procedure was necessary due to [brief description of medical condition or injury], and it has significantly impacted my ability to [describe impact on daily life or work].

Enclosed with this letter are the following documents:

- Copy of the surgical report
- Invoice for the services rendered
- Pre-authorization letter (if applicable)
- Payment receipts
- Medical records related to the condition

According to my policy, I believe that these expenses are covered, and I kindly request that my claim be processed promptly. Should you need any more information or clarification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]