

Insurance Claim Request for Medical Expenses

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Insurance Claim for Medical Expenses

Dear [Insurance Adjuster's Name],

I am writing to formally request reimbursement for medical expenses incurred due to [brief description of medical issue or treatment] on [date of treatment]. I am a policyholder with [Insurance Policy Number], and the details of my claim are as follows:

Patient Name: [Your Name]

Date of Service: [Date]

Type of Service: [Type of treatment received]

Total Amount Claimed: \$[Amount]

Attached are the invoices, medical reports, and any other necessary documents to support my claim. I would appreciate your prompt attention to this matter and look forward to receiving a response within the stipulated timeframe.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]