

Hearing Loss Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Coverage of Hearing Device

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for coverage under my hearing loss insurance policy (Policy Number: [Insert Policy Number]) for the purchase of a hearing device. I was diagnosed with hearing loss on [Insert Diagnosis Date] by [Insert Doctor's Name], and following a thorough evaluation, it was recommended that I obtain a hearing device to aid in my daily communication and overall quality of life.

Please find enclosed the following documents to support my claim:

- Copy of my insurance policy.
- Medical records indicating my diagnosis and the necessity of the hearing device.
- Invoice/receipt for the hearing device purchased on [Insert Purchase Date].
- Any additional forms required by your office.

I request that you review my claim at your earliest convenience and inform me of the next steps in processing it. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]