

Hearing Loss Insurance Claim

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

Insurance Company Name
Claims Department
Address
City, State, Zip Code

Subject: Claim for Hearing Loss Insurance

Dear Claims Adjuster,

I am writing to formally submit a claim for hearing loss under my insurance policy (Policy Number: [Your Policy Number]). I have been diagnosed with hearing loss, and I am seeking coverage for medical expenses related to the condition.

Enclosed with this letter, you will find the necessary medical documentation, including:

- Diagnosis report from Dr. [Doctor's Name]
- Hearing test results
- Treatment plan and recommendations
- Invoices for medical expenses incurred to date

According to my policy, I believe this claim is valid, and I am requesting that you process this claim at your earliest convenience. Please let me know if you require any additional information or documentation.

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

Sincerely,
[Your Name]