

Hearing Loss Insurance Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Insurance Company Name

Claims Department

[City, State, Zip Code]

Subject: Claim for Hearing Loss Preventive Care Services

Dear Claims Adjuster,

I am writing to formally submit a claim for hearing loss preventive care services under my insurance policy ([Policy Number]). On [Date of Service], I received [specific service or examination, e.g., hearing evaluation] from [Provider Name] at [Facility Name].

Enclosed are the necessary documents for your review, including:

- Itemized receipt for services rendered
- Diagnosis and treatment records
- Claim form (if applicable)

Please process this claim at your earliest convenience. If you require any additional information or documentation, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]