

Hearing Loss Insurance Claim

Date: [Insert date]

To: [Insurance Company Name]

Claim Department
[Insurance Company Address]
[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally submit a claim for hearing loss under my insurance policy, [Policy Number], due to a progressive loss of hearing that I have been experiencing.

After consulting with my audiologist, [Doctor's Name], I have been diagnosed with [specific diagnosis], which has significantly impacted my daily life and communication abilities. Enclosed are the documented test results, audiogram, and a letter from my doctor detailing my condition and the treatments undertaken.

Given the nature of this progressive loss, I request coverage for the necessary hearing aids, evaluations, and any additional treatments that may be required moving forward. I kindly ask that my claim be processed efficiently and look forward to your prompt response.

Thank you for your attention to this matter. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]