

Insurance Claim for Sudden Onset Hearing Loss

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally file a claim for sudden onset hearing loss under my policy, #[Policy Number]. On [Date of Onset], I experienced a sudden loss of hearing, which has significantly impacted my daily life and ability to communicate.

I have attached all necessary medical documents and test results, including a diagnosis from my audiologist, Dr. [Doctor's Name], confirming the sudden nature of my condition.

As per my policy, I believe I am entitled to benefits to cover medical expenses and related costs. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]