

Claim Letter for Critical Illness Insurance Benefit

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Critical Illness Insurance Benefits

Dear [Claims Department/Specific Person's Name],

I am writing to formally submit a claim for the critical illness benefits under my insurance policy #[Your Policy Number]. I was diagnosed with [Name of Illness] on [Date of Diagnosis] as confirmed by my treating physician, Dr. [Physician's Name].

Attached to this letter are the following documents to support my claim:

- Medical diagnosis report
- Policy documentation
- Patient consent form

- Any additional supporting documents

Please let me know if you require any further information or documentation to process my claim.
I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]