

# Critical Illness Insurance Reimbursement Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Critical Illness Insurance Reimbursement Claim

Dear Claims Department,

I am writing to formally submit my claim for reimbursement under my critical illness insurance policy (Policy Number: [Your Policy Number]) due to my recent diagnosis of [Illness]. According to the terms outlined in my policy, I believe I am eligible for compensation.

Attached to this letter, you will find the necessary documents to support my claim, including:

- A completed claim form
- Medical reports and diagnosis from my healthcare provider
- Receipts for medical expenses related to my treatment

I kindly request you to process my claim and reimburse the eligible amount at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me using the details provided above.

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

Sincerely,

[Your Name]