

# Liability Claim for Medical Expenses

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit a liability claim for medical expenses resulting from an incident that occurred on [Insert Date of Incident]. I have attached all relevant documentation to support my claim.

## **Incident Details:**

- Date of Incident: [Insert Date]
- Location: [Insert Location]
- Description: [Briefly describe the incident]

## **Medical Expenses:**

- Provider: [Insert Health Care Provider]
- Nature of Injury: [Briefly describe the injury]
- Total Amount: [Insert Total Medical Expenses]

Please find enclosed copies of the following documents:

- Medical bills and receipts
- Incident report
- Proof of payment
- [Any other relevant documents]

I request that you process this claim promptly and reimburse me for the incurred medical expenses at your earliest convenience. If you require any further information or additional documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]