

# Accident Insurance Benefit Claim for Rehabilitation Costs

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Rehabilitation Costs - Policy No. [Your Policy Number]

Dear Claims Adjuster,

I am writing to formally submit a claim for rehabilitation costs related to my recent accident that occurred on [Date of Accident]. I am a policyholder under policy number [Your Policy Number] with your esteemed company.

As a result of the accident, I have incurred rehabilitation expenses totaling [Total Amount]. I have attached the relevant medical bills, receipts, and rehabilitation reports for your review.

Details of the Rehabilitation:

- Type of Treatment: [Name of Treatment]
- Provider: [Name of Rehabilitation Provider]
- Date of Service: [Date(s) of Service]
- Cost: [Total Cost]

I kindly ask for your prompt attention to this matter and look forward to your assistance in processing my claim. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to my claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]