

Claim Submission for Critical Illness

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, ZIP: [Your City, State, ZIP]

Your Phone Number: [Your Phone Number]

Your Email: [Your Email]

Date: [Date]

Insurance Company Name

Insurance Company Address

City, State, ZIP

Subject: Submission of Documentation for Critical Illness Claim - Policy No: [Policy Number]

Dear Claims Department,

I am writing to formally submit my claim for critical illness benefits under my policy number [Policy Number]. I was diagnosed with [Diagnosis] on [Diagnosis Date], and as per the policy terms, I am eligible for claims due to this critical condition.

Enclosed, please find the following documentation to support my claim:

- Completed Claim Form
- Medical Diagnosis Report
- Proof of Treatment (Invoices/Receipts)
- Any additional required documents

If you require any additional information or further documentation, please do not hesitate to contact me at the phone number or email address provided above.

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

Sincerely,

[Your Name]