

Request for Medical Insurance Claim Support

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]

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

I am writing to formally request support with my medical insurance claim for [specific treatment or procedure], which took place on [date of treatment or procedure]. My policy number is [your policy number].

Attached are the relevant documents, including medical reports, bills, and any other necessary information to assist in the processing of my claim. I kindly ask for your prompt attention to this matter.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]