

Letter of Submission for Additional Information on Medical Claim

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],

Subject: Request for Additional Information on Medical Claim - Claim No. [Insert Claim Number]

I am writing to provide additional information regarding my medical claim submitted on [Insert Submission Date]. In response to your request dated [Insert Request Date], I have gathered the necessary documents and details required for the review of my claim.

Enclosed you will find the following information:

- [Document 1: Description]
- [Document 2: Description]
- [Document 3: Description]

Please let me know if you require any further information or clarification. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Policy Number]