

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]

Subject: Confirmation of Health Insurance Claim Submission

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

I am writing to confirm the submission of my health insurance claim for the medical services received on [Date of Service]. The claim was submitted on [Submission Date] under the policy number [Policy Number].

Below are the details of the claim submitted:

- Claimant Name: [Your Name]
- Claim Number: [Claim Number]
- Service Provider: [Provider's Name]
- Amount Claimed: [Claim Amount]
- Date of Service: [Date of Service]

Please let me know if you require any further information or documentation to process my claim. I look forward to your prompt confirmation and resolution of this matter.

Thank you for your attention to this matter.

Sincerely,

[Your Name]