

Health Insurance Claims Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Documentation for Health Insurance Claim

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally submit the documentation required for my health insurance claim.

Below are the details of my healthcare service:

- **Policy Number:** [Insert Policy Number]
- **Claim Number:** [Insert Claim Number]
- **Date of Service:** [Insert Date of Service]
- **Provider's Name:** [Insert Provider's Name]

Enclosed you will find the following documents:

- Claim form
- Itemized bill from [Provider's Name]
- Medical records (if applicable)
- Any additional supporting documents

Please let me know if any further information is required to process my claim. Thank you for your attention to this matter. I look forward to your prompt reply.

Sincerely,

[Your Name]