

# Request for Processing Health Insurance Claims

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request the processing of my health insurance claims under policy number [Your Policy Number]. I have submitted the necessary documentation and would appreciate your prompt attention to this matter.

Details of the claims are as follows:

- Claim Number: [Claim Number 1]
- Date of Service: [Date 1]
- Provider: [Provider Name 1]
- Claim Amount: [Claim Amount 1]
  
- Claim Number: [Claim Number 2]
- Date of Service: [Date 2]
- Provider: [Provider Name 2]
- Claim Amount: [Claim Amount 2]

Enclosed are copies of all relevant documents for your review. Please let me know if you require any additional information or documentation.

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

Sincerely,

[Your Name]