

Health Insurance Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Health Insurance Claim Forms

Dear [Claims Department/Claims Adjuster Name],

I am writing to formally submit the health insurance claim forms for the medical services I received on [Date of Service]. Please find attached the following documents:

- Completed claim form
- Copies of medical bills and invoices
- Medical reports
- Any other relevant documentation

My policy number is [Your Policy Number] and the claim number is [Claim Number if applicable]. I appreciate your prompt attention to this matter and look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]