

Insurance Claim for Medical Treatment

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally file a claim for medical expenses incurred during my recent treatment. My policy number is [Your Policy Number].

Details of Medical Treatment:

- Date of Treatment: [Date]
- Provider Name: [Provider Name]
- Type of Treatment: [Type of Treatment]
- Total Amount: [Total Amount]

Attached are the necessary documents, including receipts and medical reports, to support my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,
[Your Name]