

# Health Savings Account Claims Process Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request information regarding the claims process for my Health Savings Account (HSA) insurance policy, account number [Insert Account Number]. I would like to understand the necessary steps and documentation required for submitting claims.

Additionally, if there are specific forms or online portals that I need to utilize, please provide me with those details. It is essential for me to have clarity on this process to ensure timely submission of my claims.

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

Sincerely,

[Your Name]