

Insurance Claim for Medical Expenses

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Medical Expenses Due to Catastrophic Event

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

I am writing to formally submit a claim for medical expenses incurred as a result of the catastrophic event that took place on [Date of Event]. My policy number is [Your Policy Number].

On that day, I was involved in [briefly describe the event, e.g., an accident, natural disaster]. Due to this unforeseen circumstance, I required immediate medical attention. Enclosed with this letter are copies of all relevant documents, including:

- Medical bills and invoices
- Hospital admission records
- Treatment summaries
- Any police reports or incident documentation

The total amount I am claiming is [Total Amount]. I respectfully request that you process my claim as soon as possible.

Thank you for your time and consideration. Should you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]