

Health Insurance Reimbursement Claim

Date: [Insert Date]

To,

The Claims Department,
[Insurance Company Name]
[Insurance Company Address]

Subject: Health Insurance Reimbursement Claim for [Policy Number]

Dear Sir/Madam,

I am writing to formally request reimbursement for medical expenses incurred on [Date of Treatment] for [Description of Treatment/Service]. My policy number is [Policy Number].

Details of the Claim:

- Insured Person Name: [Insured Person's Name]
- Policy Number: [Policy Number]
- Date of Treatment: [Treatment Date]
- Total Amount Incurred: [Total Amount]
- Invoice Number: [Invoice Number]

Enclosed are the following documents for your reference:

- Original treatment invoice
- Payment receipt
- Claim form (if applicable)
- Any other supporting documents

Kindly process my claim at your earliest convenience. If you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]