

# Medical Claim Form Submission

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Subject: Submission of Medical Claim for Dental Treatments

Dear [Claim Reviewer/Insurance Adjuster],

I am writing to formally submit a medical claim for dental treatments that I received on [Insert Treatment Date]. My policy number is [Insert Policy Number], and my name is [Your Full Name].

The details of the treatment are as follows:

- Treatment Type: [Insert Treatment Type]
- Provider Name: [Insert Dentist/Provider Name]
- Provider Contact: [Insert Dentist/Provider Contact Information]
- Total Cost: [Insert Total Cost]

Attached to this letter, you will find the necessary documentation to support my claim:

- Itemized bill from the dental provider
- Receipt of payment
- Dental treatment summary
- Claim form (if required)

I request you to process my claim at your earliest convenience. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[Your Contact Information]