

# Medical Claim Submission

**To:** [Insurance Company Name]

**From:** [Your Name]

**Address:** [Your Address]

**City, State, Zip:** [City, State, Zip]

**Email:** [Your Email]

**Phone Number:** [Your Phone Number]

**Date:** [Date]

**Subject: Medical Claim Submission for Emergency Room Visit**

Dear [Claims Department],

I am writing to submit a medical claim for services received during an emergency room visit on [Date of Visit]. The visit was necessary due to [brief description of the medical emergency].

Details of the visit are as follows:

- **Patient Name:** [Patient Name]
- **Policy Number:** [Policy Number]
- **Provider Name:** [Emergency Room Provider Name]
- **Date of Service:** [Date of Service]
- **Total Charges:** [Total Charges]

Enclosed are the following documents to support this claim:

1. Completed Claim Form
2. Itemized Bill from the Emergency Room
3. Medical Records (if applicable)
4. Proof of Payment (if applicable)

Please process this claim at your earliest convenience. If you require any further information or documentation, feel free to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]