

Medical Claim Form Submission

Date: [Insert Date]

To,

The Claims Department,
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Submission of Medical Claim for Hospitalization Expenses

Dear Sir/Madam,

I am writing to submit a claim for hospitalization expenses incurred during my recent medical treatment.

Policyholder Name: [Your Name]
Policy Number: [Policy Number]
Hospital Name: [Hospital Name]
Date of Admission: [Admission Date]
Date of Discharge: [Discharge Date]
Total Claim Amount: [Total Amount]

Enclosed herewith are the following documents for your consideration:

- Medical Bills
- Discharge Summary
- Further Medical Reports
- Policy Document

I kindly request you to process this claim at your earliest convenience. Should you require any additional information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Contact Number]
[Your Email Address]