

# Medical Claim Submission Letter

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Medical Claim for Maternity-Related Expenses

Dear [Insurance Company's Claims Department],

I am writing to formally submit a claim for maternity-related medical expenses incurred during my recent pregnancy and childbirth. Below are the details pertaining to the claim:

## Policyholder Details:

- Policyholder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Contact Number: [Your Contact Number]

## Maternity Details:

- Patient Name: [Patient's Name]
- Date of Delivery: [Date of Delivery]
- Hospital Name: [Hospital Name]
- Treatment Type: [Vaginal Delivery/Cesarean Section]

Enclosed with this letter are the necessary documents to support my claim, including:

1. Copy of the hospital bill
2. Discharge summary
3. Doctor's prescriptions and reports
4. Claim form duly filled

I kindly request you to process my claim at your earliest convenience and notify me of any additional information required. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[City, State, Zip Code]