

Medical Claim Submission for Mental Health Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Department,

I am writing to submit a medical claim for mental health treatment I received on [insert dates of service] from [provider's name]. Please find the details of the treatment below:

- Patient Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Treatment Provider: [Provider's Name]
- Date of Treatment: [Insert Date]
- Type of Treatment: [Specify Treatment]
- Total Amount Charged: \$[Insert Amount]

Attached to this letter are the necessary documents, including:

- Completed Claim Form
- Itemized Bill from Provider
- Proof of Payment
- Providers' License and Credentials

Thank you for your attention to this matter. I look forward to your prompt processing of my claim. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any additional information.

Sincerely,

[Your Name]