

Medical Claim Submission

Date: [Insert Date]

To,

The Claims Department,
[Insurance Company Name]
[Insurance Company Address]

Subject: Submission of Medical Claim for Outpatient Services

Dear Claims Department,

I hope this letter finds you well. I am writing to submit my medical claim for the outpatient services I received on [Date of Service] at [Provider's Name/Clinic/Hospital].

Please find enclosed the following documents for your review:

- Completed Claim Form
- Copy of the Invoice/Receipt
- Provider's Report/Notes
- Copy of my Insurance Card

My policy number is [Your Policy Number], and my member ID is [Your Member ID]. I kindly request that you process my claim at your earliest convenience.

Thank you for your assistance. Should you require any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]