

Medical Claim Form Submission for Rehabilitation Services

Date: [Insert Date]

To,
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Submission of Medical Claim for Rehabilitation Services

Dear Claims Department,

I am writing to submit a medical claim for rehabilitation services provided to me. Below are the details of the treatment:

- **Patient Name:** [Patient Name]
- **Policy Number:** [Policy Number]
- **Claim Number:** [Claim Number]
- **Treatment Provider:** [Provider Name]
- **Treatment Dates:** [Start Date] to [End Date]
- **Services Provided:** [Brief Description of Services]
- **Total Amount Claimed:** [Claim Amount]

Enclosed are copies of the following documents for your review:

- Completed claim form
- Itemized bill from treatment provider
- Medical records supporting treatment
- Any additional relevant documents

I appreciate your attention to this matter and look forward to your prompt processing of this claim. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]