

# Critical Care Insurance Claim

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

[Date]

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

Subject: Claim for Critical Care Insurance - Policy #[Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for reimbursement under my critical care insurance policy #[Your Policy Number]. This claim is related to the medical treatment I received on [Date of Service] when I was admitted to [Hospital Name] for [Reason for Admission].

Enclosed with this letter are the following documents to support my claim:

- Copy of the hospital admission summary
- Detailed invoices from the medical service providers
- Aftercare instructions and discharge summary
- Any additional relevant medical records

According to my policy, I believe I am eligible for a reimbursement of [expected claim amount]. Please let me know if you require any further information or documentation to process my claim effectively.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]