

# Out-of-Network Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Out-of-Network Claim Submission for [Your Policy Number]

Dear Claims Department,

I am writing to submit a claim for medical services received from an out-of-network provider. Below are the details pertinent to this claim:

- Date of Service: [Insert Date]
- Provider's Name: [Insert Provider's Name]
- Provider's Address: [Insert Provider's Address]
- Claim Amount: [Insert Amount]

Enclosed, please find the following documents to support my claim:

- Itemized bill from the provider
- Proof of payment
- Any additional relevant documentation

As my policy covers out-of-network services, I kindly request that you process this claim at your earliest convenience. If you need any further information or additional documents, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]