

Insurance Claim Support for Mental Health Services

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 [Insurance Company Representative's Name],

Subject: Request for Support in Insurance Claim for Mental Health Services

I am writing to formally request your assistance regarding my insurance claim for mental health services provided by [Provider's Name] on [Date(s) of Service]. My policy number is [Policy Number].

[Provider's Name] diagnosed me with [Diagnosis] and recommended a treatment plan that includes [Types of Treatment]. I believe these services are covered under my policy, and I would appreciate your guidance in processing my claim.

Enclosed are the relevant documents, including:

- Claim Form
- Invoice/Bill from the Provider
- Provider's Letter of Necessity
- Any other relevant documentation

Please let me know if you require any additional information or documentation to expedite the processing of my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]