

Duplicate Bill Request for Insurance Claims

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number

Date: [Insert Date]

Insurance Company Name

Claims Department
Insurance Company Address
City, State, Zip Code

Subject: Request for Duplicate Bill

Dear Claims Department,

I am writing to request a duplicate copy of a bill dated [Insert Date of Original Bill] that is needed for my insurance claim (Claim Number: [Insert Claim Number]).

Unfortunately, the original bill was misplaced, and I require this document to proceed with my claim process.

Please send the duplicate bill to my address listed above or via email at [Insert Your Email Address]. Your assistance in this matter would be greatly appreciated.

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

Sincerely,

[Your Name]