

Insurance Claim Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Insurance Claim for Sleep Disorder Consultation

Dear [Insurance Company Contact/Claims Department],

I am writing to submit a claim for the consultation I had for my sleep disorder on [Date of Consultation]. My policy number is [Your Policy Number]. The details of the consultation are as follows:

Provider Name: [Doctor's Name]

Provider Address: [Doctor's Address]

Diagnosis: [Diagnosis or Condition]

Date of Service: [Date]

Total Cost: [Total Amount Charged]

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

- Copy of the consultation invoice
- Copy of the payment receipt
- Medical records related to my sleep disorder

I kindly request that you process this claim and reimburse the eligible amount as per my policy terms. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]