

Insurance Claim Request for Medical Expenses

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Request for Medical Expense Claim - Policy No. [Policy Number]

Dear [Insurance Adjuster's Name/Claims Department],

I am writing to formally request reimbursement for medical expenses incurred due to [brief description of the medical condition or treatment]. These expenses were incurred on [date(s) of service] and total [\$amount].

Enclosed are the following documents to support my claim:

- Itemized medical bills
- Proof of payment
- Medical reports (if applicable)
- Claim form (if required)

Please process this claim at your earliest convenience. Should you require any additional information or documentation, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]