

# Durable Medical Equipment Claim Submission

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Address:** [Insurance Company Address]

Dear Claims Department,

I am writing to submit a claim for durable medical equipment (DME) provided to the patient listed below. Please find the relevant details of the claim:

## **Patient Information:**

- Name: [Patient Name]
- Date of Birth: [Patient Date of Birth]
- Policy Number: [Patient Policy Number]

## **DME Information:**

- Type of Equipment: [Description of Equipment]
- Purchase Date: [Date of Purchase]
- Cost: [Cost of Equipment]

Enclosed are the necessary documentation including:

- Copy of the prescription
- Invoice from the supplier
- Proof of payment
- Any additional supporting documents

Please process this claim at your earliest convenience. If you have any questions or require further information, 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]

[Your Address]

[Your Phone Number]  
[Your Email Address]