

Health Insurance Claim for Chronic Illness Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to file a health insurance claim for treatment related to my chronic illness, [Insert Name of Illness]. My policy number is [Insert Policy Number], and my patient ID is [Insert Patient ID].

Details of the treatment are as follows:

- Date of Service: [Insert Date]
- Provider Name: [Insert Provider Name]
- Facility Name: [Insert Facility Name]
- Type of Treatment: [Insert Description of Treatment]
- Total Cost: [Insert Total Cost]

Attached are the following documents to support my claim:

- Itemized bill from [Provider/Facility]
- Doctor's referral letter
- Medical records related to the treatment
- Any other relevant documentation

Please let me know if you need any further information to process my claim. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]