

Health 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: Dental Claim Submission - [Patient's Name]

Dear Claims Department,

I am writing to submit a claim for dental procedures performed on [Patient's Name] on [Date of Service]. Please find the details below:

- **Patient Name:** [Patient's Name]
- **Policy Number:** [Policy Number]
- **Date of Service:** [Date]
- **Provider Name:** [Dentist's Name]
- **Procedure(s) performed:** [List of Procedures]
- **Total Amount Charged:** [Total Amount]

Attached are all the necessary documents including:

- Completed claim form
- Itemized invoice from the dental provider
- Proof of payment
- Any other supporting documents

Please process this claim at your earliest convenience. Should you require any further information or clarification, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]