

Health Insurance Claim for Emergency Services

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Date]

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear Claims Department,

I am writing to formally submit a claim for emergency services received on [Date of Service] at [Name of Hospital/Facility]. Due to a medical emergency, I was required to seek immediate treatment, which resulted in expenses that I am seeking to be reimbursed under my health insurance policy.

The details of the service provided are as follows:

- Patient Name: [Your Name]
- Date of Service: [Date]
- Provider Name: [Provider/Hospital Name]
- Description of Services: [Brief Description of Services Rendered]
- Total Amount Billed: [Total Amount]

Attached are copies of the following documents to support my claim:

- Itemized Bill from the provider
- Emergency Room Report
- Insurance Card Copy
- Any Additional Relevant Documentation

As per my understanding of the policy, these expenses should be covered. I would appreciate your prompt attention to my claim and look forward to your response regarding the status. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip]