

# Health Insurance Claim Letter for Hospitalization Expenses

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]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Subject: Health Insurance Claim for Hospitalization Expenses

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for hospitalization expenses incurred during my recent hospital stay from [Admission Date] to [Discharge Date] at [Hospital Name].

The details of my hospitalization are as follows:

- Patient Name: [Your Name]
- Policy Number: [Policy Number]
- Date of Admission: [Admission Date]
- Date of Discharge: [Discharge Date]
- Hospital Name: [Hospital Name]
- Total billed amount: [Total Amount]

Enclosed with this letter are the necessary documents for your review, which include:

- Copy of the hospital bill
- Copy of discharge summary

- Claim form
- Prescription and treatment charges

I kindly request you to process this claim at your earliest convenience. Please feel free to contact me if you require any additional information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]