

# Health Insurance Claim Letter

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

Claims Department

Insurance Company Name

Insurance Company Address

City, State, Zip Code

Subject: Health Insurance Claim for Medical Expenses

Dear Claims Department,

I am writing to formally submit a claim for reimbursement of medical expenses incurred on [date(s) of service] due to [brief description of the medical condition or treatment]. My policy number is [insert policy number], and the details of the incurred medical expenses are as follows:

- **Provider Name:** [Provider's Name]
- **Date of Service:** [Date]
- **Description of Service:** [Description]
- **Total Amount Charged:** [Amount]

Attached are copies of the following relevant documents:

- Itemized bills from healthcare providers
- Proof of payment
- Your insurance card (copy)

Please process this claim at your earliest convenience. If you require any further information, feel free to contact me at [your phone number] or [your email].

Thank you for your assistance.

Sincerely,

[Your Name]