

Health Insurance Claim Letter for Outpatient Treatment

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Claim for Outpatient Treatment

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for reimbursement of expenses incurred during my recent outpatient treatment. Below are the details of the treatment:

Patient Name: [Your Name]

Policy Number: [Your Policy Number]

Service Provider: [Name of the Medical Facility/Provider]

Date of Treatment: [Date of Service]

Description of Treatment: [Brief Description of Treatment]

Enclosed are the following documents to support my claim:

- Copy of the medical receipt
- Doctor's consultation notes
- Claim form (if applicable)

I would appreciate your prompt attention to this matter and request reimbursement of [amount].
If you need any further information or documentation, please do not hesitate to contact me at
[Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]