

Health Insurance Claim for Surgical Procedure

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Health Insurance Company

[Insurance Company Address]

[City, State, Zip Code]

Subject: Health Insurance Claim for Surgical Procedure

To Whom It May Concern,

I am writing to formally submit a claim for reimbursement for surgical procedures that I recently underwent on [date of surgery]. The details of the surgery are as follows:

- **Patient Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Date of Surgery:** [Date]
- **Type of Surgery:** [Type of Surgery]
- **Hospital/Clinic Name:** [Hospital/Clinic Name]

Attached to this letter are all relevant documents including:

- Itemized bill from [Hospital/Clinic Name]
- Pre-authorization letter (if applicable)
- Medical reports and notes from my healthcare provider

I request reimbursement for the costs associated with the surgery, totaling [amount]. Please process this claim at your earliest convenience. If you need further information or clarification, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]