

Health Insurance Claim for Vision Care

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Health Insurance Claim for Vision Care

Dear Claims Department,

I am writing to formally submit a claim for vision care expenses that I incurred on [date of service]. The details of my insurance policy are as follows:

- Policyholder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

The vision care services provided include:

- Exam performed by: [Provider's Name]
- Date of Service: [Date]
- Services Rendered: [Description of services]
- Total Cost: \$[Amount]

Please find attached the invoices and any supporting documents required for processing this claim.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]