

Request for Documentation for Health Expenses

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip Code: [Insert Your City, State, Zip Code]

Policy Number: [Insert Policy Number]

To: [Insurance Company Name]

Attention: Claims Department

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request documentation related to my recent health expenses for the purpose of filing an insurance claim. Below are the details of the incurred expenses:

- Date of Service: [Insert Date]
- Provider Name: [Insert Provider Name]
- Service Description: [Insert Description of Services]
- Total Amount Charged: [Insert Amount]

Please provide copies of the following documentation:

1. Invoice for the services rendered
2. Details of the treatment provided
3. Proof of payment, if applicable

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]