

Insurance Claim Reimbursement Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Claims Department
Insurance Company Address
City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally request reimbursement for medical expenses incurred on [Date of Service]. I was treated for [Brief Description of Condition or Treatment] at [Name of Healthcare Provider] and would like to submit my claim for your review.

Attached to this letter, you will find:

- Completed claim form
- Detailed invoices from the healthcare provider
- Copy of my insurance card
- Any supporting medical records

My policy number is [Your Policy Number], and I would appreciate if you could process this claim at your earliest convenience. If you require any further information, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]