

Health Insurance Document Submission

Date: [Insert Date]

To,

Claims Department

[Insurance Company Name]

[Insurance Company Address]

Subject: Submission of Health Insurance Documents

Dear Sir/Madam,

I am writing to submit the necessary documents for my health insurance claim for policy number **[Policy Number]**.

Please find attached the following documents:

- Claim Form
- Copy of Health Insurance Policy
- Medical Bills
- Discharge Summary
- Identity Proof
- Any other relevant documents

I kindly request you to process my claim at your earliest convenience. Should you need any additional information, please do not hesitate to contact me at **[Your Contact Information]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]