

# Health Insurance Claim Documentation Checklist

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]

Subject: Health Insurance Claim Documentation Checklist

## Checklist of Required Documents:

- Completed Claim Form
- Copy of the Patient's Insurance Card
- Itemized Bill from the Provider
- Medical Records (if applicable)
- Referral or Authorization (if required)
- Proof of Payment (receipts)
- Additional Supporting Documents (if required)

Please ensure that all documents are submitted by [Submission Deadline]. Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]