

Health Insurance Claim Letter

Date: [Insert Date]

To,
The Claims Department,
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Health Insurance Claim for Emergency Services

Dear Claims Adjuster,

I am writing to formally submit a claim for emergency medical services received on [Date of Service]. I am a policyholder with [Insurance Company Name], and my policy number is [Policy Number].

On the aforementioned date, I was admitted to [Hospital/Medical Facility Name] due to [brief description of the emergency situation]. The services provided included [list of services/treatments received] and the total charges amounted to [Total Amount].

Enclosed with this letter, you will find:

- Completed claim form
- Itemized bill from the medical facility
- Copy of my insurance card
- Medical report detailing the emergency situation

I kindly request you to process my claim at your earliest convenience. If you need any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]