

# Health Insurance Claim for Outpatient Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Health Insurance Claim for Outpatient Treatment**

Dear Claims Department,

I am writing to submit a claim for reimbursement for outpatient treatment received on [Insert Date of Treatment] at [Insert Name of Healthcare Provider/Facility]. My policy number is [Insert Policy Number].

The details of the treatment are as follows:

- Patient Name: [Insert Patient Name]
- Date of Service: [Insert Date]
- Type of Treatment: [Insert Type of Treatment]
- Total Charges: [Insert Total Charges]

Enclosed are copies of the following documents to support my claim:

- Invoice/Bill from the healthcare provider
- Payment receipt
- Any medical records (if applicable)

I kindly request the reimbursement as per the terms and conditions of my policy. If any further information or documentation is needed, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]