Health Insurance Claim Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim Request for Medical Expenses

Dear [Claims Department/Specific Contact Name],

I am writing to formally request reimbursement for medical expenses incurred during my treatment on [Date of Service] at [Name of Healthcare Provider/Facility]. My policy number is [Your Policy Number].

The total amount incurred is [Total Amount], and I have attached all relevant documents, including receipts and medical reports, for your review. I kindly ask you to process this claim at your earliest convenience.

If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Policy Number]