

Health Insurance Claim Letter

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Claims Department/Insurance Agent Name],

I am writing to formally submit a health insurance claim for routine check-ups I received on [Insert Date(s) of Service] at [Healthcare Provider Name]. I believe that these services are covered under my health insurance policy.

Details of the services rendered are as follows:

- **Date of Service:** [Insert Date of Service]
- **Provider's Name:** [Insert Provider's Name]
- **Type of Service:** Routine Check-up
- **Total Cost:** [Insert Total Cost]

Enclosed are the following documents to support my claim:

- Copy of the invoice from [Healthcare Provider Name]
- Receipt of payment
- Any additional supporting documents

Thank you for your attention to this matter. I look forward to your prompt processing of my claim. Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[Your City, State, ZIP Code]