

Health Insurance Claim Submission for Hospitalization

Date: [Insert Date]

To,

The Claims Manager,
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Submission of Health Insurance Claim for Hospitalization

Dear Sir/Madam,

I am writing to formally submit a claim for hospitalization expenses incurred on [Date of Admission] to [Date of Discharge] due to [Medical Condition]. My policy number is [Policy Number].

The details of my hospitalization are as follows:

- Patient Name: [Your Full Name]
- Patient ID: [Patient ID]
- Admission Date: [Date]
- Discharge Date: [Date]
- Hospital Name: [Hospital Name]
- Total Claim Amount: [Amount]

I am attaching the following documents for your reference:

- Hospital discharge summary
- Itemized bill
- Payment receipts
- Policy documents
- Any additional documents as required

Kindly acknowledge receipt of this claim and process it at your earliest convenience. Should you need any further 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 Contact Number]