

Health Insurance Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Health Insurance Claim Submission for Preventive Services

Dear Claims Department,

I am writing to formally submit a claim for preventive services received on [Date of Service].

Enclosed you will find the necessary documentation to process my claim.

Details of the services provided are as follows:

- Patient Name: [Patient's Name]
- Insurance Policy Number: [Policy Number]
- Provider Name: [Provider's Name]
- Service Description: [Description of Services]
- Date of Service: [Date]
- Total Amount Billed: [Amount]

Attached with this letter are copies of my insurance card, the itemized bill from the provider, and any other relevant documentation.

Thank you for your prompt attention to this matter. I look forward to your response and hope for a swift resolution to my claim.

Sincerely,

[Your Name]