

Medical Expense Reimbursement Claim

Date: _____

To,
Claims Department,
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Medical Expense Reimbursement Claim

Dear Claims Officer,

I am writing to formally submit a claim for reimbursement of medical expenses incurred under my individual health insurance policy (Policy No: _____). Below are the details of the claim:

Patient Information:

- Name: _____
- Date of Birth: _____
- Policy Number: _____

Treatment Details:

- Date of Treatment: _____
- Type of Treatment: _____
- Provider Name: _____
- Provider Address: _____
- Invoice Amount: \$ _____

Attached Documents:

- Original invoice from the healthcare provider
- Payment receipts
- Any relevant medical reports

Thank you for your attention to this matter. I look forward to your prompt response and would appreciate if you could expedite the processing of my claim. If any further information is required, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,
[Your Name]

[Your Address]

[City, State, Zip Code]