

Health Insurance Claim Letter Template

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, ZIP Code]

Subject: Health Insurance Claim for [Treatment/Procedure]

Dear Claims Department,

I am writing to submit a claim for the medical treatment I received on [Date] for [Type of Treatment/Procedure] at [Healthcare Provider's Name]. The treatment was necessary due to [briefly explain the reason].

Enclosed, please find copies of the relevant medical bills and receipts, along with any other required documentation. I kindly request your prompt attention to this matter and ask that you process my claim according to the terms of my health insurance policy.

Should you require any further information or documents, please do not hesitate to contact me at [Phone Number] or [Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]