Pre-approved treatment claim letter template

Subject: Claim for Pre-Approved Medical Treatment â€“ Policy No. [Policy Number]

Dear [Insurance Company Name],

As per prior approval reference [Approval Number], I underwent treatment at [Hospital Name] on [Date(s)]. I am submitting this claim along with all relevant medical reports and receipts for processing.

Please confirm the status and let me know if further information is required.

Thank you for your support.

Sincerely,

[Your Name]

[Contact Email/Phone]