

Partial claim request letter template

Subject: Request for Partial Health Claim " [Policy Number]

Dear [Insurance Officer],

I am submitting a claim for a partial reimbursement of medical expenses incurred at [Hospital/Clinic] on [Date]. Enclosed are the invoices, prescription, and relevant medical documents.

Kindly process the partial claim and provide confirmation once approved.

Thank you.

Regards,

[Your Name]

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