

Formal medical claim submission letter

Subject: Medical Claim Submission

Dear [Insurance Company Name],

I am writing to submit a medical claim for the treatment I received on [Date of Treatment] at [Hospital/Clinic Name]. The total amount claimed is [Amount]. Attached are all supporting documents including medical bills, prescriptions, and discharge summary.

Kindly process my claim at the earliest convenience and confirm receipt of this submission.

Sincerely,

[Your Name]

[Policy Number]

[Contact Information]

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