

Date: _____

Dear Sir or Madam,

I am insured with your company and have visited a physician who does not bill insurance. I have paid this visit in full and am now submitting the claim to you for reimbursement. The invoice is attached to this cover letter. Please file this claim and send reimbursement to me at the address below. Should you have any questions, I can be reached at the phone number below.

My name: _____

Date of birth: _____

Insured's name: _____

Policy ID Number: _____

Group Number: _____

My address: _____

My phone number: _____

Thank you for your prompt assistance to this matter.

Sincerely,