[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Submission of Laboratory Results for Claim Review
Claim Number: [Enter Claim Number]
Policy Number: [Enter Policy Number]
Patient Name: [Enter Patient Name]
Date of Service: [Enter Date of Service]

To Whom It May Concern,

I am writing to submit the requested laboratory results in support of the medical claim referenced above. These results are being provided to assist in the clinical review process and to verify the medical necessity of the services rendered.

Please find the following documents attached:

- [Name of Lab Test 1, e.g., Complete Blood Count] dated [Date]
- [Name of Lab Test 2, e.g., Metabolic Panel] dated [Date]
- [Any additional diagnostic reports]

These tests were ordered by [Physician Name] to [Reason for test/diagnosis]. I believe these records provide the necessary clinical information to facilitate the processing and approval of this claim.

Please update the status of this claim once the review is complete. If you require any further documentation or information, please contact me directly at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]