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

[Date]

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

RE: Submission of Emergency Treatment Records
Policyholder Name: [Name]
Policy Number: [Number]
Claim Number: [Number]
Date of Service: [Date of Emergency]

To Whom It May Concern,

I am writing to provide the necessary medical documentation to substantiate my recent insurance claim regarding emergency treatment received at [Name of Hospital/Clinic].

Attached to this letter, please find the following records:

- Emergency Room Admission Summary
- Physician's Diagnostic Notes
- Results of Diagnostic Tests (X-rays, Labs, etc.)
- Discharge Instructions and Referrals
- Itemized Billing Statement

These documents confirm that the treatment received was for an acute medical emergency that required immediate intervention. Please review these files and update the status of my claim accordingly.

If you require any further information or additional authorization to speak with the healthcare provider, please contact me at [Phone Number]. I look forward to a timely resolution of this claim.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List Number of Documents attached]