

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

[Date]

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

RE: Out-of-Pocket Expense Claim for Critical Illness Coverage

Policy Number: [Your Policy Number]

Claim Number: [Claim Number, if already assigned]

To Whom It May Concern,

I am writing to submit a request for reimbursement of out-of-pocket expenses associated with my covered critical illness, [Name of Diagnosis], which was diagnosed on [Date of Diagnosis].

According to my policy, I am entitled to coverage for expenses related to this condition. Please find the attached itemized receipts and supporting documentation for the following expenses:

- [Expense Type, e.g., Transportation to Specialist] - [Amount]
- [Expense Type, e.g., Prescriptions/Medications] - [Amount]
- [Expense Type, e.g., Medical Equipment] - [Amount]
- [Expense Type, e.g., Co-payments/Deductibles] - [Amount]

Total Reimbursement Requested: \$[Total Amount]

I have included a formal physician's statement confirming my diagnosis and the necessity of these treatments/expenses. Please process this claim at your earliest convenience. If you require any additional information or forms, please contact me via phone or email.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

1. Physician's Diagnosis Statement

2. Itemized Receipts and Invoices
3. Completed Claim Forms (if applicable)