

[Date]

[Member Name]

[Member Address]

[City, State, Zip Code]

Subject: Instructions for Filing Your Medical Health Insurance Claim

Dear [Member Name],

This letter provides the necessary steps and requirements for filing a medical insurance claim for services received on [Date of Service] from [Provider Name].

Please follow these instructions to ensure timely processing of your claim:

1. **Complete the Claim Form:** Fill out the attached [Form Name/Number] in its entirety. Ensure your Member ID and Group Number are clearly written.
2. **Attach Itemized Bills:** Include a copy of the itemized bill from your healthcare provider. This must include the provider's Tax ID, NPI number, CPT (procedure) codes, and ICD-10 (diagnosis) codes.
3. **Include Proof of Payment:** If you paid for the services out-of-pocket, please attach a copy of your receipt or bank statement showing the transaction.
4. **Submit via One of the Following Methods:**
 - **Online Portal:** Upload digital copies at [Website URL].
 - **By Mail:** Send all documents to: [Insurance Company Name], [Claims Department Address], [City, State, Zip Code].
 - **By Fax:** Send to [Fax Number], Attention: Claims Department.

Important Deadlines: Claims must be submitted within [Number] days of the date of service to be eligible for reimbursement.

Please allow [Number] business days for processing. You can track the status of your claim through your member account at [Website URL] or by calling Customer Service at [Phone Number].

Sincerely,

[Your Name/Department]

[Insurance Company Name]