horizontal line

Personal Claims Letter

**Sam Peterson**789 Oak Avenue  
Smalltown, IL 56789  
sampeterson@example.com  
(321) 654-9870  
July 29, 2024

**Rachel Thompson**Claims Department  
ABC Insurance Company  
456 Policy Street  
Capital City, WA 67890

Subject: Personal Claims Letter for Medical Reimbursement

Dear Rachel Thompson,

I hope this letter finds you well. I am writing to formally file a claim for reimbursement of medical expenses incurred on June 15, 2024, under the health insurance policy number HLP789012.

The total amount to be reimbursed is $2,500. I have attached copies of the relevant documents, including the medical bills, receipts, and the insurance policy, for your reference.

Details of the claim are as follows:

* Nature of Claim: Medical Expenses
* Date(s) of Service: June 15, 2024
* Amount to be Reimbursed: $2,500
* Policy Number: HLP789012
* Claim Number (if applicable): CLM654321

I kindly request that you process this claim promptly. Please ensure that the reimbursement is made by August 12, 2024, to avoid any further inconvenience.

Reimbursement can be made to the following account:

* Account Name: Sam Peterson
* Account Number: 654321098
* Bank Name: Smalltown Savings Bank
* Routing Number: 321987654

If there are any issues or additional information required, please do not hesitate to contact me at (321) 654-9870 or sampeterson@example.com. I appreciate your prompt attention to this matter.

Thank you for your cooperation.

Sincerely,

**Sam Peterson**