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RE: Policy Number _____

Dear Sir or Madame,

I am writing to _____ to file a claim for the following:

Patient: _____

Provider: _____

Date Services Rendered: _____

I have enclosed the following supporting documentation:

-- A completed claims form

-- A statement from the provider

-- _____

If any additional follow up is required, please contact me by phone at _____.

Best,

_____

Enclosures