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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,

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Enclosures