

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

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

Subject: Request for Medical Claim Reimbursement

Dear [Insurance Company Claims Department/Specific Contact Name],

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number (if available)]

I hope this letter finds you well. I am writing to formally submit a request for reimbursement for medical expenses incurred on [Date(s) of Service] related to [Description of the medical condition or treatment]. The details of the claim are as follows:

1. ****Provider Information****

- Provider Name: [Healthcare Provider Name]
- Provider Address: [Provider Address]
- Provider Phone Number: [Provider Phone Number]

2. ****Claim Details****

- Date of Service: [Date]
- Diagnosis: [Diagnosis Code or brief description]
- Treatment/Procedure: [What treatment or procedure was performed]
- Total Amount Billed: [\$ Amount]
- Amount Paid by Insured: [\$ Amount (if applicable)]
- Amount Requested for Reimbursement: [\$ Amount]

3. ****Attachments****

- Detailed Invoice/Bill from Provider
- Explanation of Benefits (EOB) from previous claims (if applicable)
- Any additional supporting documents (receipts, prescriptions, etc.)

I have carefully reviewed my policy and believe that the above-mentioned expenses are covered under my plan. Please process this claim at your earliest convenience.

Should you need further information or clarification regarding this claim, please do not hesitate to contact me at the phone number or email provided above.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]