

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

[Recipient's Name]  
[Company/Organization Name]  
[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Medical Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [date of service] related to [brief description of medical treatment].

Attached to this letter, you will find the relevant documents, including:

1. A copy of the medical bills
2. Proof of payment
3. [Any additional documents, if necessary]

The total amount requested for reimbursement is [amount]. According to the policy outlined in [mention policy name or number], I believe I am eligible for this reimbursement.

Please let me know if you require any further information or documentation to process my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Policy/Member ID Number, if applicable]