

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department]
[Company Address]
[City, State, Zip Code]

Subject: Reimbursement Request for EOB [Explanation of Benefits]

Dear [Claims Adjuster's Name/Claims Department],

I am writing to formally request reimbursement for medical expenses incurred on [Date of Service]. Attached to this letter, you will find the Explanation of Benefits (EOB) and relevant documentation as required for processing my claim.

Details of the incurred expenses are as follows:

- **Patient Name:** [Your Name]
- **Claim Number:** [Your Claim Number]
- **Date of Service:** [Date of Service]
- **Provider Name:** [Healthcare Provider's Name]
- **Total Amount Billed:** [Total Amount]
- **Amount Covered by Insurance:** [Covered Amount]
- **Amount Paid by Me:** [Amount Paid by You]

I believe that I am entitled to reimbursement based on the coverage details provided in my policy. Please let me know if you require any additional information or documentation to process this request.

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Policy Number]