

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

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request a copy of the Explanation of Benefits (EOB) related to my recent medical claims.

My details are as follows:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Numbers: [List Claim Numbers]
- Date of Service: [Date(s) of Service]

I appreciate your attention to this matter and look forward to receiving the EOB at your earliest convenience. Should you need any further information or documentation to process my request, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]