

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

Dear [Recipient Name],

Subject: Request for Reimbursement from Health Flexible Spending Account (HFSA)

I hope this letter finds you well. I am writing to formally request reimbursement for eligible medical expenses incurred during the period [start date] to [end date], which were paid out of pocket.

Enclosed with this letter are the following documents to support my request:

1. Itemized receipts for the services rendered
2. Explanation of Benefits (EOB) from my insurance provider (if applicable)
3. Any relevant medical documentation (if applicable)

The total amount for reimbursement is [total amount]. I kindly ask that this amount be processed at your earliest convenience.

Thank you for your attention to this matter. Should you require any additional information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]

[Enclosures: Receipts, EOB, etc.]