

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Subject: Payment Request for Reconsideration

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a reconsideration of the payment request associated with my IHSS services, submitted on [date of original submission].

[Briefly explain the reason for the reconsideration request, including any relevant details such as specific dates, service hours, or issues with the initial decision.]

I believe that upon reviewing this information, you will find that the request for payment is valid and should be approved. I am enclosing [any supporting documents, receipts, or additional information that supports your case].

Thank you for your attention to this matter. I look forward to your prompt response and a favorable resolution.

Sincerely,

[Your Name]

[Your IHSS Case Number] (if applicable)