

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

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request assistance with my medical expenses incurred due to [brief description of the medical condition or situation].

The details of my medical expenses are as follows:

- [Description of service/treatment, date, and cost]
- [Description of service/treatment, date, and cost]
- [Description of service/treatment, date, and cost]

The total amount of medical expenses I am seeking reimbursement for is [total amount]. I have attached all relevant receipts and documentation to support my request.

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to reach out if you require any further information.

Thank you for your assistance.

Sincerely,

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