

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Medical Reimbursement

Dear [Claims Department Manager/Specific Name if known],
I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [Date of Service] for [Description of Treatment or Service] related to my medical condition [Condition/Diagnosis].

Policyholder Information:

- **Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Claim Number:** [Your Claim Number if available]

Details of the Medical Service:

- **Provider's Name:** [Healthcare Provider's Name]
- **Provider's Address:** [Healthcare Provider's Address]
- **Date of Service:** [Date of Service]
- **Total Amount Charged:** [\$ Amount]
- **Amount Paid by Me:** [\$ Amount]

I have included the following documentation to support my request:

1. Itemized bill from the healthcare provider.
2. Proof of payment (receipt/credit card statement).
3. Relevant medical records and notes.
4. Any additional required forms as per policy guidelines.

I kindly ask that you review my request and process the reimbursement at your earliest convenience. If you require any further information or additional documentation, please do not hesitate to contact me via the email or phone number provided above.

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

Sincerely,

[Your Signature (if sending by mail)]
[Your Printed Name]