

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

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

Dear [Recipient's Name],

Subject: Submission for Medical Reimbursement

I am writing to formally request reimbursement for medical expenses incurred on [date(s)] due to [briefly explain the reason, e.g., a medical procedure, treatment, etc.].

Enclosed are the following documents for your review:

1. Copies of the medical bills and invoices
2. Proof of payment (receipts)
3. [Any additional documents required, e.g., prescription, doctor's notes]

According to our medical reimbursement policy, the total amount eligible for reimbursement is [amount]. I kindly ask that you process this request at your earliest convenience.

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

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Employee ID (if applicable)]