

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

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

Subject: Medical Reimbursement Submission

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [Date(s) of Service] related to my medical treatment.

Enclosed are the following documents for your review:

1. Completed claim form
2. Itemized bills from healthcare providers
3. Proof of payment (receipts, credit card statements, etc.)
4. Any additional supporting documents

The total amount I am seeking reimbursement for is [Total Amount]. Please let me know if you require any further information or documentation to process my claim. I appreciate your assistance in expediting this matter.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Policy Number]
[Member ID]