

[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 Claim - Policy #[Your Policy Number]

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [date of service] for [brief description of the medical service or treatment].

Details of the claim are as follows:

- Patient's Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date]
- Total Amount Billed: [Total Amount]
- Provider's Name: [Healthcare Provider's Name]
- Invoice/Receipt Reference Number: [Invoice Number]

Enclosed are the copies of the relevant documents, including:

1. Itemized medical bills
2. Proof of payment receipt
3. Explanation of Benefits (if applicable)
4. Any additional supporting documentation

I have verified that this treatment is covered under my policy, and I kindly ask you to process this reimbursement claim at your earliest convenience. Please let me know if you require any further information or documentation to assist with this process.

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

Sincerely,

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