

[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 Healthcare Reimbursement

Dear [Insurance Company Claims Department/Specific Person's Name],
I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [date(s) of service].

Patient's Name: [Patient's Full Name]

Policy Number: [Your Insurance Policy Number]

Claim Number: [Claim Number, if available]

Details of the Medical Service(s):

- Provider Name: [Healthcare Provider/Facility Name]
- Service Date: [Date of Service]
- Description of Services: [Brief description of the services rendered]
- Total Amount Charged: [Total Amount]
- Amount Paid by Insurance: [Amount covered by insurance]

Attached to this letter, you will find the following documents for your review:

1. Copy of the medical bill
2. Documentation of payment made
3. Any additional supporting documents

I kindly request that you process this reimbursement at your earliest convenience. Should you require any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Policy Number] (if not mentioned earlier)

[Attachments: Medical Bill, Payment Documentation, etc.]