

[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 Reimbursement of Medical Expenses

Dear [Insurance Company Contact/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 [Condition/Procedure]. My policy number is [Your Policy Number].

Details of the medical expenses are as follows:

- Provider Name: [Healthcare Provider Name]
- Date of Service: [Date]
- Description of Services: [Brief Description]
- Total Amount Charged: [Amount]
- Amount Paid by Me: [Amount]

Enclosed are the following documents to support my claim:

1. Copy of the itemized bill
2. Receipts of payment made
3. [Any other relevant documentation]

I kindly request that you process my claim at your earliest convenience. Should you need any further information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address]. 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]