

[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

Dear [Claims Department/Specific Contact Name],
I am writing to formally submit a claim for medical reimbursement for expenses incurred during my recent treatment. Below are the details related to the claim:

****Patient Information:****

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your DOB]

****Details of Treatment:****

- Provider Name: [Doctor/Hospital Name]
- Date of Service: [Date of Treatment]
- Description of Treatment: [Brief Description of Medical Services]
- Total Amount Charged: [Total Amount]

Enclosed are copies of the following documents to support my claim:

1. Itemized bill from the medical provider
2. Proof of payment (receipts)
3. [Any other relevant documents such as referral letters, discharge summaries, etc.]

I kindly request that you process this claim at your earliest convenience. Should you need any additional information or further documentation, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]