

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Reimbursement of Medical Expenses

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred during my recent treatment, as outlined in my insurance policy with [Insurance Company Name].

On [Date of Service], I received treatment for [Description of Medical Condition or Procedure] at [Healthcare Provider's Name] located at [Provider's Address]. The total cost of the treatment amounted to [Total Amount], of which I have already paid out-of-pocket.

Attached to this letter, you will find the following documents to support my reimbursement request:

1. A copy of the itemized bill from [Healthcare Provider's Name].
2. Proof of payment (receipt).
3. Any relevant medical records or documentation pertaining to the treatment.

According to my policy [Policy Number], I am entitled to reimbursement for the expenses associated with this treatment. I kindly request that you process my claim at your earliest convenience.

Thank you for your attention to this matter. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]  
[Your Policy Number]