

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient's Job Title]
[Insurance Company/Employer Name]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: Medical Expense Reimbursement Request

I hope this message finds you well. I am writing to formally request reimbursement for medical expenses incurred on [Date(s) of Service] for [Your Name/Patient's Name, if different].

The details of the incurred expenses are as follows:

- ****Provider Name****: [Provider's Name]
- ****Type of Service****: [Description of service rendered]
- ****Date of Service****: [Date]
- ****Total Amount****: [Total amount billed]
- ****Invoice Number****: [Invoice number, if applicable]

Attached are copies of the relevant documentation, including the invoice and any supporting medical records.

According to my insurance plan/policy, I believe I am eligible for reimbursement for the expenses listed. Please let me know if you require any further information or additional documentation to process this request.

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]

[Your Policy or Member Number, if applicable]

****Attachments**** [List of attached documents, if any]