

[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 Request

Dear [Claims Adjuster's Name or "To Whom It May Concern"],
I am writing to formally request reimbursement for medical expenses incurred on [Date(s) of Service]. I have attached all relevant documentation, including receipts, medical bills, and claim forms, to support my request.

Patient Information:

- Patient Name: [Patient's Name]
- Policy Number: [Policy Number]
- Claim Number: [Claim Number, if applicable]

Details of the Medical Service:

- Provider Name: [Provider's Name]
- Service Provided: [Description of Services Rendered]
- Total Amount: [Total Amount Charged]

I would appreciate your prompt attention to this matter and look forward to a timely response. Should you require any additional information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]