

[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]

Subject: Medical Reimbursement Request

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred during my recent treatment.

Patient Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Date of Service: [Date of Treatment]
- Provider: [Name of Healthcare Provider]

Attached to this letter, you will find copies of the following documents:

1. Itemized bill from the healthcare provider
2. Proof of payment (receipts)
3. Any relevant medical reports or documents

The total amount I am requesting for reimbursement is: \$[Amount].

I appreciate your prompt attention to this matter and look forward to your response. Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]