

[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 - [Claim Number/Policy Number]

Dear [Claims Adjuster's Name or "To Whom It May Concern"],
I am writing to submit a medical reimbursement claim for [brief description of the medical service or treatment, e.g., "a recent surgical procedure"] that took place on [date].

Attached you will find all necessary documentation, including:

- Itemized bills from [provider's name]
- Explanation of Benefits (EOB) from previous claims
- Relevant medical records, if applicable
- Any additional supporting documents

As per my policy [Policy Number], I am seeking reimbursement for the amount of [specific amount] for the above-mentioned services.

Please let me know if you require any further information or documentation to process this claim. I appreciate your prompt attention to this matter and look forward to your timely response.

Thank you.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]