

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

[Insurance Company Name]  
[Claims Department]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Request for Medical Reimbursement

Dear [Claims Adjuster's Name or "Claims Department"],

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [date(s) of service] related to [brief description of medical issue or treatment].

Enclosed with this letter, you will find the following documentation:

1. Copies of medical bills/statements from the healthcare provider
2. Explanation of Benefits (EOB) from your company
3. [Any other relevant documents, e.g., receipts, prescriptions]

According to my policy [Policy Number], these expenses should be eligible for coverage. I would appreciate your prompt attention to this matter and look forward to your acknowledgment of this request.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Policy Number]