

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Medical Reimbursement

Dear [Claims Department/Specific Person's Name],
I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred during my recent treatment.

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number, if applicable]

On [Date of Service], I received medical treatment from [Provider's Name or Hospital/Clinic Name] for [brief description of the medical condition or reason for treatment]. The total cost of the treatment was [Total Amount], and I have included all relevant documentation, including invoices and receipts, to support my claim.

As per my policy, I believe this treatment is covered under my plan, and I kindly request reimbursement for the eligible amount per the terms of my coverage.

Please find attached:

1. Original Invoice/Receipt from the Provider
2. Medical Reports/Notes (if applicable)
3. Any additional supporting documents

I appreciate your prompt attention to this matter and look forward to your favorable response. Should you require any additional 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)]