

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

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

Subject: Request for Medical Cost 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 during my recent treatment. Below are the details regarding my claim:

****Patient Information:****

- Patient Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Claim Number: [Your Claim Number, if applicable]

****Details of Treatment:****

- Date of Service: [Date of Treatment]
- Provider Name: [Name of Healthcare Provider]
- Description of Treatment: [Brief Description of the Treatment]
- Total Amount Charged: [Total Amount]
- Amount Paid by Me: [Amount You Paid]

Enclosed with this letter are the following documents to support my request:

1. Copies of medical bills
2. Explanation of Benefits (EOB)
3. Payment receipts

I appreciate your prompt attention to this matter and look forward to your swift response. Should you require any additional information or documents, please do not hesitate to contact me at the above phone number or email address.

Thank you for your assistance.

Sincerely,

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