

[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 Contact Name],

I am writing to formally request reimbursement for medical expenses incurred on [date(s) of service] for [brief description of medical treatment/condition]. My policy number is [your policy number], and my claim number is [your claim number, if applicable].

Attached are the following documents for your review:

1. Itemized medical bills
2. Proof of payment
3. Medical records (if applicable)
4. Claim form (if required)

The total amount I am seeking reimbursement for is [total amount].

According to my policy, I believe that these expenses are covered under [specific terms of your insurance policy].

I would appreciate your prompt attention to this matter and look forward to your response. If you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

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