

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

PhilHealth Office
[PhilHealth Office Address]
[City, State, Zip Code]

Dear PhilHealth Claims Department,

Subject: Claim Reimbursement Request

I hope this letter finds you well. I am writing to formally request the reimbursement of my medical expenses incurred during my recent treatment.

Patient Information:

- PhilHealth Number: [Your PhilHealth Number]
- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]

Treatment Details:

- Date of Treatment: [Date of Treatment]
- Provider of Service: [Name of Hospital/Clinic]
- Type of Treatment: [Type of Treatment or Procedure]

Attached are the necessary documents to support my claim, including:

- Official receipts of payment
- Medical certificates
- PhilHealth claim forms

I kindly ask you to process my reimbursement at your earliest convenience. Please do not hesitate to contact me should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]