

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

[Recipient Name]  
[Recipient Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Subject: IHSS Claim for Medical Expenses

Dear [Recipient Name],

I hope this letter finds you well. I am writing to submit a claim for reimbursement of medical expenses incurred as part of my In-Home Supportive Services (IHSS) program eligibility.

**\*\*Patient's Information:\*\***

- Name: [Patient's Name]
- Case Number: [Case Number]
- Date of Service: [Date of Service]

**\*\*Details of Medical Expenses:\*\***

1. **\*\*Description\*\***: [Description of the medical service or item]  
**\*\*Amount\*\***: \$[Amount]  
**\*\*Date\*\***: [Date of Service]
2. **\*\*Description\*\***: [Description of the medical service or item]  
**\*\*Amount\*\***: \$[Amount]  
**\*\*Date\*\***: [Date of Service]

[Continue as necessary for additional expenses]

Attached are the relevant receipts, invoices, and supporting documents for your review. Please let me know if any additional information or documentation is required.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]