

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

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

Dear [Recipient Name],

Subject: Request for QHS Reimbursement

I am writing to formally request reimbursement for the Qualified Health Service (QHS) provided to [Patient's Name] on [Date of Service].

Details of the Service:

- Patient Name: [Patient's Full Name]
- Policy Number: [Patient's Policy Number]
- Date of Service: [Date]
- Service Provided: [Description of Service]
- Total Charges: [Total Amount Charged]
- CPT Codes: [CPT Codes Used]

I believe this service meets the eligibility criteria for reimbursement under [Specific Insurance Policy or Guidelines], and I have included relevant documentation to support this request.

Please find attached:

1. Invoice for services rendered
2. Medical records supporting the necessity of the service
3. Any prior correspondence regarding this matter

I appreciate your attention to this request and look forward to your prompt response. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

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