

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

[Recipient's Name]  
[Recipient's Position]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request reimbursement for qualified health services as per our agreement. Details of the incurred expenses are as follows:

- Date of service: [Date]
- Service provider: [Provider's Name]
- Type of service: [Description of the service]
- Amount: [Amount paid]
- Receipt/Invoice attached: [Yes/No]

I have attached the necessary documentation for your review. If you need any additional information or further clarification, please do not hesitate to reach out.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]