

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

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

Dear [Recipient Name],

Subject: Request for QHS Reimbursement

I hope this message finds you well. I am writing to formally request reimbursement for the Qualified Health Services (QHS) that I recently incurred.

Details of the services are as follows:

- Service Date: [Date]
- Service Provider: [Provider Name]
- Total Amount: [Amount]
- Invoice Number: [Invoice Number]

Attached to this letter are copies of the relevant documentation, including [list any attached documents, e.g., invoices, receipts, etc.], to support this request.

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

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Job Title]
[Your Company, if applicable]