

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: QHS Reimbursement Claim - Policy #[Your Policy Number]

Dear Claims Adjuster,

I am writing to formally request reimbursement for qualified health services (QHS) received on [Date of Service] for [Patient's Name], who is covered under my health insurance policy #[Your Policy Number].

Details of the Claim:

- Date of Service: [Date]
- Provider: [Provider's Name and Address]
- Service Description: [Description of services received]
- Total Amount Billed: \$[Total Amount]
- Amount Paid by Patient: \$[Amount]

Enclosed with this letter, please find:

1. Copies of the itemized bill
2. Proof of payment
3. [Any additional documentation, such as referral letters or prior authorization]

I kindly request that you process this claim at your earliest convenience and inform me of any additional information you may require. Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
Enclosures: [List any enclosed documents]