

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

Dear [Recipient Name],

Subject: Reimbursement Justification for QHS Services

I am writing to formally request reimbursement for the qualifying health services (QHS) provided to [Patient's Name], [Patient's ID/Policy Number], on [Service Date].

The services rendered included [briefly describe services provided, e.g., assessments, treatments, etc.], which are critical for the patient's overall health management. This correspondence outlines the rationale for the reimbursement request based on medical necessity and adherence to guidelines.

1. **\*\*Patient Background:\*\***

[Briefly describe patient's condition and medical history relevant to the treatment.]

2. **\*\*Services Provided:\*\***

[List and describe the specific QHS services provided and their relevance.]

3. **\*\*Medical Necessity:\*\***

[Explain why the services were essential for the patient's health.]

4. **\*\*Cost and Billing Information:\*\***

[Provide a summary of costs, including any attached invoices.]

5. **\*\*Supporting Documentation:\*\***

[List any attached documents, such as medical records, referral letters, and previous treatments.]

In conclusion, we believe that the services rendered meet the criteria for reimbursement as per the health plan guidelines. We appreciate your attention to this matter and look forward to your prompt response.

Thank you for considering this request.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]