

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

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

Subject: Request for Reimbursement for QHS Services

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for the Qualified Healthcare Services (QHS) provided on [specific date(s)] for [patient name/your name].

Enclosed, please find the following documents:

1. Invoice detailing the services rendered
2. Copies of any relevant agreements or prior authorizations
3. [Any additional relevant documentation]

The total amount for the services rendered is [total amount]. According to my policy [policy number], I believe this expense is covered under my benefits.

Please let me know if you require any further information. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending via mail)]
[Your Printed Name]