

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

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

Subject: Request for Reimbursement for QHS Services

Dear Claims Department,

I am writing to formally request reimbursement for Qualified Health Services (QHS) received on [date of service] for [Patient's Name], policy number [Policy Number].

Details of the service are as follows:

- Provider Name: [Provider's Name]
- Service Date: [Date]
- Service Description: [Brief Description of Service]
- Total Amount Billed: [Amount]
- Claim Number: [Claim Number]

Enclosed are copies of the relevant documents, including the itemized bill and proof of payment. According to the policy terms, these services should be covered, and I appreciate your attention to this matter.

Please let me know if you require any further information to expedite this request. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to the Patient, if applicable]