

[Your Name]
[Your Title]
[Your Organization]
[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: Letter of Explanation for QHS Reimbursement

Dear [Recipient's Name],

I am writing to provide a detailed explanation regarding the reimbursement claim submitted for [Patient's Name or Account Number], dated [Date of Service]. This correspondence outlines the rationale for the services rendered and the subsequent charges incurred.

[Provide a brief overview of the patient's condition and the context for the treatment provided, mentioning the necessity for the services. Include specific details about the procedure or service performed, referencing any attached documents, such as invoices or medical records.] The billing submitted corresponds with [specific treatment codes or services provided], which are essential for [explain the necessity and relevance of the treatment]. According to the policy guidelines, these services are covered under [mention the relevant sections of the insurance policy or plan].

We appreciate your attention to this matter and kindly request that the reimbursement for the aforementioned claims be processed according to the coverage outlined in the patient's policy.

If any additional information is required or if there are questions regarding this reimbursement request, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

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