

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

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

Subject: Request for Reimbursement for Qualified Health Services

Dear [Insurance Company Name/Claims Department],
I hope this letter finds you well. I am writing to formally request reimbursement for qualified health services that were rendered to me on [Date(s) of Service].

****Patient Information:****

- Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

****Service Details:****

- Provider Name: [Healthcare Provider's Name]
- Service Provided: [Description of Services]
- Total Amount Charged: [Total Amount]
- Amount Paid by Patient: [Amount You Paid]

I have attached the following documents to support my claim:

1. Itemized bill from the healthcare provider
2. Proof of payment (receipt)
3. Any relevant medical documentation

According to my policy, these services should qualify for reimbursement. I kindly ask that you review my claim and initiate the reimbursement process at your earliest convenience.

Thank you for your attention to this matter. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]