

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

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

Dear [Recipient Name],

Subject: Request for Reimbursement for [Service/Procedure]

I hope this message finds you well. I am writing to formally request reimbursement for the medical expenses incurred on [date(s)] for [specific service or procedure] performed by [provider's name], which is covered under my policy [policy number].

The total amount incurred is [amount], as detailed in the attached documentation, including the receipt, itemized bill, and any relevant medical records. [Optional: Briefly explain the necessity of the service and its relevance to your health.]

According to my understanding of my benefits, this service is eligible for reimbursement, as outlined in [relevant section of policy].

I appreciate your attention to this matter and would be grateful if you could process this reimbursement at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your help.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Attachments: Receipts, Itemized bills, Medical Records]