

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

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Reimbursement Request for QHS Services

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request reimbursement for services provided under the Qualified Health Services (QHS) program. Below are the details of my request:

****Claimant Information:****

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date(s) of Service]
- Amount Requested: [Total Amount]

****Description of Service:****

- Type of Service: [e.g., Consultation, Treatment, etc.]
- Provider Name: [Service Provider's Name]
- Provider Contact Information: [Service Provider's Contact Info]

****Attached Documentation:****

1. Original Receipts
2. Detailed Bills
3. Any Additional Supporting Documents

I appreciate your attention to this matter and look forward to your prompt response. Please do not hesitate to contact me if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]