

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

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

Subject: Application for TPA Reimbursement

Dear [Claims Manager's Name],

I am writing to formally request reimbursement for medical expenses incurred for [Patient's Name], Policy Number: [Policy Number], for treatment received on [Date of Treatment] at [Hospital/Clinic Name]. Attached to this letter are all necessary documents, including:

1. Original medical bills
2. Payment receipts
3. Discharge summary
4. Prescription documents
5. Any additional relevant documents

The total amount for which I seek reimbursement is [Total Amount]. I kindly request that you process this claim at your earliest convenience and inform me regarding the status of my application.

Thank you for your attention to this matter.

Sincerely,

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