

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

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

Dear [Recipient Name],

Subject: Request for QHS Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for Qualified Health Services (QHS) expenses incurred on [specific date(s)] related to [brief description of services].

The total amount eligible for reimbursement is [insert amount], and I have attached the necessary documentation to support this request, including:

1. [List of attached documents, e.g., receipts, invoices]
2. [Any other relevant documentation]

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information or clarification, please feel free to contact me at [your phone number] or [your email address].

Thank you for your support.

Sincerely,

[Your Name]
[Your Position, if applicable]
[Your Company, if applicable]