

[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 - QHS Claims

Dear Claims Department,

I am writing to request reimbursement for a claim related to Qualified Health Services (QHS) that was incurred on [date of service]. Below are the details of the claim for your reference:

- **Patient Name:** [Patient's Name]
- **Policy Number:** [Policy Number]
- **Claim Number:** [Claim Number]
- **Date of Service:** [Date of Service]
- **Total Amount Charged:** [Total Amount]
- **Amount Covered by Insurance:** [Amount Covered]
- **Amount Requested for Reimbursement:** [Amount Requested]

Attached to this letter are copies of the relevant documents, including the invoice, payment receipt, and any other supporting documentation required for processing my claim.

I kindly ask that you process this request at your earliest convenience and inform me of any further information needed. Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if mailing a hard copy)]
[Attachments: List documents included]