

[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 QHS Reimbursement - Claim #[Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],  
I hope this letter finds you well. I am writing to formally request reimbursement for qualified health services related to my recent claim #[Claim Number], submitted on [Submission Date].

Details of the Claim:

- Patient Name: [Patient's Full Name]
- Policy Number: [Your Policy Number]
- Treatment Date(s): [Date(s) of Service]
- Provider Name: [Provider's Name]
- Total Amount Billed: [Total Amount]
- Amount Requested for Reimbursement: [Amount You Are Requesting]

I have attached the following documents to support my request:

1. Itemized bill from the provider
2. Proof of payment
3. Relevant medical records (if applicable)
4. Previous correspondence related to this claim (if any)

I believe that this claim is eligible for reimbursement based on my policy coverage. I kindly ask that you review the attached documents and expedite the processing of my reimbursement request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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