

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

Subject: Request for Reimbursement for QHS Services

Dear [Insurance Adjuster's Name or "Claims Department"],
I am writing to formally request reimbursement for services rendered by
[Provider's Name/Facility] on [Date of Service], specifically related to
the Qualified Health Service (QHS) I received. My insurance information
is as follows:

- Policy Holder Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [Claim Number if applicable]

The total amount charged for these services was [Amount]. I have included
a copy of the invoice, along with any other relevant documentation
including:

1. Explanation of Benefits (EOB) from previous claims
2. Receipt of payment
3. Any supporting medical records

Please review the enclosed documentation. I believe that these services
are covered under my policy and I appreciate your prompt attention to
this matter. If you require any further information or additional
documentation, please do not hesitate to reach out to me.

Thank you for your assistance.

Sincerely,

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