

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

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

Dear [Recipient Name],

Subject: QHS Reimbursement Letter of Authorization

I am writing to formally authorize the reimbursement for the Qualifying Health Service (QHS) provided to [Patient's Name], who is under my care. Details of the services rendered are as follows:

- **Patient's Name:** [Patient's Full Name]
- **Date of Service:** [Date(s)]
- **Service Provided:** [Description of Service(s)]
- **Total Amount:** [Total Charge]
- **Claim Number:** [If applicable]

Please consider this letter as an official request for reimbursement in line with the terms of the policy held by [Patient's Name]. Attached are all relevant documentation and invoices supporting this request.

If further information is needed, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Your Organization]