

[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 Company Representative's Name],  
I hope this letter finds you well. I am writing to request reimbursement for the QHS (Quality Health Services) provided to me on [date(s) of service].

Policyholder Name: [Your Name]  
Policy Number: [Your Policy Number]  
Claim Number: [If applicable]  
Details of Services Rendered:

- Date of Service: [Date]
- Provider Name: [Provider's Name]
- Description of Services: [Brief description of the services provided]
- Total Amount Charged: [Amount]

Attached to this letter are copies of my medical records, the invoice for the services, and any other relevant documentation to support my claim. I appreciate your attention to this matter and look forward to your prompt response. If you require any further information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

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