

[Your Name]
[Your Title]
[Your Organization]
[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]

Subject: Request for Reimbursement for QHS Services

Dear [Recipient Name],

I am writing to request reimbursement for services provided under the Qualified Health Services (QHS) program on behalf of my patient, [Patient Name], policy number [Policy Number].

****Patient Information:****

- Name: [Patient Name]
- Date of Birth: [Patient DOB]
- Claim Number: [Claim Number]

****Service Details:****

- Date of Service: [Date of Service]
- Type of Service: [Type of QHS Service]
- Amount Billed: \$[Amount Billed]
- Provider NPI: [Provider NPI]

The enclosed documentation includes the necessary billing statements, treatment records, and any additional information requested for the reimbursement process.

We appreciate your prompt attention to this matter and look forward to your response. For any questions or further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]

[Enclosures: Billing Statements, Treatment Records, etc.]