

[Your Name]
[Your 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: Request for Reimbursement - Claim No. [Claim Number]

I hope this letter finds you well. I am writing to formally request reimbursement for the medical expenses incurred during my recent stay at [Facility Name] on [Date of Service]. I have attached all relevant documentation, including invoices and payment receipts, for your review. During my visit, I was treated for [briefly describe the nature of the treatment or services received]. The total amount billed was [Total Amount], and I have made an out-of-pocket payment of [Amount Paid by You].

As per my policy [Policy Number], I believe that these expenses are eligible for reimbursement. I have included the following documents to support my claim:

1. Itemized invoice from [Facility Name]
2. Payment receipt
3. [Any additional documents if applicable]

I kindly request that you process my reimbursement as soon as possible. Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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)]