

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Reimbursement Request for QHS Services

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for services provided by [Provider's Name/Facility] on [Date(s) of Service] related to my [medical condition/treatment], as outlined in my insurance policy.

Details of the claim are as follows:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Date of Service: [Date(s)]
- Total Amount Billed: [Total Amount]
- Description of Services: [Brief description of services rendered]

I have attached the following documents to support my claim:

1. Itemized bill from [Provider's Name]
2. Proof of payment
3. [Any other supporting documents, e.g., medical records, referral letters]

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]