

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

[Recipient's Name]
[Recipient's Title]
[Insurance Company/Organization]
[Company Address]
[City, State, Zip Code]

Subject: Request for Reimbursement for [Patient's Name/ID]

Dear [Recipient's Name],

I am writing to request reimbursement for the services provided to [Patient's Name] on [Date of Service]. The total amount billed is [Amount], and we are seeking reimbursement for [specific treatment/procedure].

[Brief description of the patient's condition and the necessity of the treatment.]

The CPT codes for the services rendered are as follows:

- [CPT Code 1] - [Description]
- [CPT Code 2] - [Description]

Attached are the relevant documents including:

1. Invoice
2. Clinical notes
3. Treatment plan

We appreciate your prompt attention to this matter and look forward to your reply.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Organization]