

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

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

Subject: QHS Reimbursement Claim

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to submit a reimbursement claim for medical expenses incurred during my recent treatment. Below are the details of my claim:

****Patient Information:****

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

****Details of Treatment:****

- Date of Service: [Date of Treatment]
- Provider's Name: [Provider's Name]
- Type of Service: [Type of Treatment or Service]
- Total Amount Charged: [Total Amount]

****Attached Documents:****

- Itemized bill from the provider
- Proof of payment (receipt or bank statement)
- Any additional supporting documents

Please process this reimbursement claim at your earliest convenience. If you require any further information or documentation, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,
[Your Name]