

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

[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]

Subject: Request for Reimbursement - Claim Number [Claim Number]

Dear Claims Department,

I am writing to request reimbursement for medical expenses related to [specific medical service or treatment], which I received on [date of service]. My claim number is [Claim Number].

Enclosed are the documents supporting my claim, including:

1. Itemized bill from [Provider Name]
2. Proof of payment
3. Any additional relevant medical records

According to my policy, I believe I am eligible for reimbursement for these expenses. Please review the enclosed documentation and process my claim at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Policy Number]